# Clinical Lectures
ON THE
# VARIOUS RISKS OF OPERATIONS.

*Delivered at St. Bartholomew's Hospital,*

BY JAMES PAGET, F.R.S.

## LECTURE I.—PART II.

THE foregoing, so far as I have been able to learn them, are the various risks of patients with admitted morbid constitutions. The importance of being able to decide the questions arising in such cases must be evident to you. And questions of equal importance, and yet of greater difficulty, arise in the cases of many who may not be called diseased, but who certainly are not in any just sense of the word healthy, such as the plethoric, the over-fat, the intemperate, the over-fed, the feeble, the degenerate, the cold-blooded. What can be safely said about these, and of the dangers they severally incur when we wound them? I will try to tell what I believe.

Plethora, pure and simple, is not a bad condition for operations. So far as I have seen, people that have been full-blooded, ruddy, warm, round-limbed, tight-skinned, with strong hearts, and, as we suppose, a rather excess of blood, have done well. But such people must be carefully managed; not fed too well; not kept too long in bed; not allowed to retain their refuse; and mere bigness must not be taken for plethora.

For the over-fat are certainly a bad class, especially when their fatness is not hereditary, but may be referred in any degree to their over-eating, soaking, indolence, and defective excretions. The worst of this class are such as have soft, loose, flabby, and yellow fat; and I think you may know them by their bellies being pendulous and more prominent than even their thick, subcutaneous fat accounts for; for this shape tells of thick omental fat; and, I suppose, of defective portal circulation. I know no operations in which I more nearly despair of doing good than in those for umbilical hernia or for compound fractures in people that are over-fat after this fashion. Nothing short of the clearest evidence of necessity or of great probable good should lead you to advise cutting operations in people of this kind. Do lithotrity for them rather than lithotomy; incline against amputations for even bad compound fractures; and, wherever you can—as, for instance, for cutaneous cysts, hæmorrhoids, and the smaller examples of scirrhous mammary cancers,—use caustics rather than the knife or ligature.

All these warnings must be doubled for the intemperate. One does, indeed, sometimes meet with habitual drunkards who pass safely through the perils of great operations; but these are rare exceptions to the rule, according to which one may reckon that the risks of all operations increase with the increasing degrees of habitual intemperance. I think you will find that a habit of slight intemperance is much worse than occasional great excesses; that regular soaking is worse than irregular carousing: probably because of the steady impairment of the blood and of all the textures to which the soaking leads. Of course you will keep your hands off notorious drunkards, unless you are driven by the stress of a strangulated hernia, or a stopped windpipe, or something leaving you as little choice as these do. But you must be on your guard to detect a good deal of drunkenness of the soaking kind which is not notorious and not confessed. Be rather afraid of operating on those, of whatever class, who think they need stimulants before they work; who cannot dine till after wine or bitters; who always have sherry on the sideboard; or are always sipping brandy-and-water; or are rather proud that, because they can eat so little, they must often take some wine. Many people who pass for highly respectable, and who mean no harm, are thus daily damaging their health, and making themselves unfit to bear any of the storms of life.

On all such as these, operations are more than doubly hazardous. Of course you may hear of wondrous escapes from dangers, and, on the credit of a few exceptions, silly proverbs are made about the impunity of drunkards; but the general rule is certain. Every risk of an operation is increased in the habitually intemperate; they are, above the average, liable to every one of all the sources of danger and of death.

I have had no sufficient experience among teetotalers to enable me to speak with any certainty of their capacity for bearing operations. I cannot doubt that a patient trained, all his life, to habits of rigid temperance would bear injuries of all kinds better than the average of men; but people of this sort are not commonly those with whom you have to do under the name of teetotalers. These are, much more commonly, such as have been intemperate, or, to say the least, imprudent, in their manner of living, and have then wholly changed their habits, and lived without any stimulants whatever. Of such people I have no good opinion when they come to be the subjects of surgery; for they seem to retain the bad liabilities of the intemperate long after they have given up their bad habits. I would not adopt the opinion that I have heard some express, that teetotalers are worse patients than drunkards; but I should always expect that a very long period of reformation would be required to free a man from the damages he has sustained by intemperance.

Over-eating is not commonly supposed to lead to any such risks of life as over-drinking does; yet I believe that you will find, in operative surgery, that among the habits that increase the risks of life, this may stand not far off drunkenness, especially if the over-eating is of meat and other nitrogenous foods. I am led to believe this from several cases that I have observed, and I think that there are large evidences of it. You know that the general results of operations in provincial hospitals tell of a smaller mortality than in the hospitals of London and the largest towns. The difference is commonly ascribed to differences in the purity of the air, and other advantages of that kind in the comparatively rural districts. I believe that much more of it is due to the differences of habits in the several classes of patients. The differences are many; but one of the chief of them is that the poor in the agricultural districts eat far less meat than those in large towns do, and are, by comparison, less fed, though probably not worse fed; and you may frequently observe that patients who come to us from agricultural districts bear operations in all respects better than Londoners who are submitted to the same proceedings. Of course many things concur to make the differences of constitution between a town and a country population; but I am satisfied that among these things a very potent influence is exercised by the difference of diet. And the differences that we may thus see are strongly illustrated by what one hears of the results of operations upon the natives of India and other Eastern countries, whose diet is almost exclusively vegetable. Almost any amount of injury may be inflicted on them, and not be followed by the destructive mischiefs which occur in Europeans under the same circumstances. They are defective, it is said, in healing power; but they recover with comparative certainty, however slowly, from operations of the greatest magnitude. A common expression about them is, "You can't kill them."

There are many patients to whom you cannot assign a morbid constitution, but who are feeble in all their processes. No organ, it may be, works wrongly; but no organ works with due power. Many children are in this condition, and some adults, whose condition has been admirably portrayed by Dr. Chambers in his book on Italy. They are not always had

subjects for operation. Repair will probably take place in them as feebly as any other vital process; but I believe they are not particularly liable to the diseases after operations from which the greatest risks arise. Children of this class you should be cautious of operating upon for hare-lip or other such defects as do not urgently require interference; and in adults, if you can defer operations to some period of better health, you should do so; but all this for fear of local failure rather than of incurring any unusual risk of life. For in the management of these, as of all cases, you will find that the chief vital risks of operations are not through mere defects of power, but through diseases. The measure of danger is not in the proportion between more or less of vital force, and more or less of exhaustion, but in the amount of liability to real diseases of the blood and tissues.

You often hear me speak of patients as "cold-blooded." I do not know that the whole of their blood is less warm than that of ordinary persons, but some of it is, for their hands and feet are seldom or never naturally warm; and some of them feel, when you touch them, as cold as reptiles in the same climate—their hands and feet feel as moist and damp as toads and frogs. The circulation in all these cold parts is of course very slow, and probably it has not a due velocity in any of their textures; for, wherever you can see vascular parts in them, they are of duller tint than they should be, dusky, and with a purple hue rather than a rosy one; and with these signs you find small pulses, and general indications of slowness in all vital processes. They digest slowly, and are very prone to constipation; and the women amongst them menstruate disorderly, and are liable to headaches and backaches, and a variety of nervous symptoms. People of this kind are so numerous that you will do well to look out for them among your cases, and to treat them specially with iron, with particular regard to this cold-bloodedness and slowness of life. They are not bad subjects for operations: rather, I should reckon them amongst the good ones; for they have always seemed to me singularly little liable to fall into the troubles of erysipelas, or pyæmia, or any other disorders of the blood; and the healing of their wounds is not apt to be interrupted. Observe their defects; minister to them with warmth and good food, but not high stimulants or great eating, and they will do as well as any you will have.

And, to finish this account of the influence of diseased, or disorderly, constitutions on the results of operations, let me tell you of the people that are commonly called "nervous." I do not refer to those with manifest disease in any part of their nervous system, but to those that are exceedingly sensitive, mobile, and excitable, whether in their sensitive or motor organs—who are very emotional, and with their whole cerebro-spinal nervous system altogether too alert. You will find them and their friends always apprehensive of the results of operations: they will tell you that they are so nervous they can bear no shock; and they look with the greatest apprehension upon the infliction of any injury. All this is fallacious. You may be surprised at observing how very little influence upon their organic processes this excessive vivacity of their cerebro-spinal system exercises. Time after time I have found patients who have complained of agonies in their wounds, and I do not doubt have felt them, but whose pulses have been unmoved. They have had enormous pain, but no fever, no single sign of disturbance of their general nutrition; they have had spasmodic movements of their limbs, tremblings, and rigors, but no mischief has followed. Besides, the same mobility of mind which makes these patients very fearful before an operation makes them hopeful directly after it; and amongst all the people that can in any sense be called invalids, I know none who more generally pass through the consequences of operations with impunity than do those who are commonly called nervous, and whose nervousness consists, if I may use the expression, in too great a vivacity of their whole cerebro-spinal system.

Sometimes you may be forced to operate during the continuance of an acute disease; and although the circumstances of the case may give you little choice as to whether you should operate or not, it is well to be aware of the degree in which the acute disease may influence the result of your proceedings.

Patients with ague bear operations as well as others of the same class; but, in the course of their recovery, they may alarm you by having one or more ague-fits, exactly resembling those that precede pyæmia. And more than this: if a patient has ever had ague, and, even many years afterwards, you perform an operation on him, ague may seem to be renewed in him at some short time after the shock, or loss of blood, or whatever other damage he may have sustained. I have so often noticed this that, whenever I hear of severe rigors following on any operation, I ask for a previous history of ague; and I have sometimes found that the patient has almost forgotten it in the long lapse of time since he suffered from it.

The question of amputation often arises when the patient is suffering with erysipelas, or with that spreading inflammation of the cellular tissue which is closely akin to erysipelas. I have often said to you that I look upon a secondary amputation as a confession of either a mistake or a disappointment. Either a primary amputation ought to have been done, and by mistake it was left undone; or if for any apparently sufficient reason it was not done, the necessity of doing the secondary amputation implies the disappointment of just hopes. I have spoken with this disparagement of secondary amputations because the necessity for them is so likely to come when the probability of success is reduced by the operation being performed while the patient is in acute disease. I cannot tell you the numerical increase of risk; but I believe that the mortality after amputations during erysipelas, or spreading cellular inflammation, would be found very much greater than that of primary amputations, or of secondary amputations done for merely wasting suppuration or irreparable local damage. I scarcely know any set of cases in which I have operated with less hope than in those of compound fracture, or similar injuries, in which the question is raised whether a patient, who seems dying with acute disease, may have what is called a chance of his life by amputation. In the large majority of such cases the chance by operation seems to me less than that of keeping the patient alive by the ordinary treatment of erysipelas, or whatever other acute disease he may be suffering with.

What are the chances of recovery from operations done during pyæmia? I think I can answer safely, that in acute pyæmia, in which the patient has rigors once or more in a few days, and profuse sweatings, with very rapid pulse and breathing, and with delirium, and rapid wasting, or with dry tongue and yellowness of skin, or any considerable number of these symptoms, the probability of good is so small, and of harm so great, that you should refuse to operate. But in chronic pyæmia, when the disease requiring operation adds largely to the exhaustion from which the patient is suffering, the removal of the disease may be very proper. Suppose, for example, a patient with a crushed foot or a crushed hand, in whom signs of acute pyæmia have recently appeared. Whatever be the state of the injured part, I would not add the damage of an amputation to the burden that the patient already has to bear. But if the pyæmia have become chronic, attended with only wasting and sweating, and the formation of abscesses here and there, and if the injured part be manifestly useless, and a source of irritation or of exhaustion, the mere existence of pyæmia in the chronic form would not turn me from the operation required by the part.

The occasions for operating in any other than these acute diseases are not many, but in diphtheria or croup you may have to perform tracheotomy, and during peritonitis a hernia may require operation. These are all cases of necessity, and their results are not materially affected by the general acuteness of the disease. If their local good is accomplished, the healing of the wound and the recovery of the patient may occur as in any ordinary case, unless, indeed, (which I have never seen,) a wound after tracheotomy should itself become diphtheritic.

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MIDLAND MEDICAL SOCIETY, BIRMINGHAM.—At a meeting held on May 8th, Mr. J. S. Gamgee in the chair, Mr. Alfred Baker exhibited a specimen of Encephaloid Cancer of the Breast. Mr. John Clay read a paper "On Ovariotomy." This communication consisted of an abstract of portions of the "Jacksonian Prize Essay," and in a most exhaustive manner treated of the value of the statistics of ovariotomy, the selection of cases, and the mode of performing the operation. In consequence of the lateness of the hour at the termination of the paper, it was resolved that the first meeting of the ensuing session should be devoted to the consideration of the subject, Mr. Clay undertaking to open the discussion by giving a brief analysis of his essay. It is hoped that at this meeting there will be a large attendance of all those interested in ovariotomy.

IT has been suggested that the Chelsea Hospital should be broken up after the fashion of Greenwich Hospital, retaining only an hospital for the sick and infirm.

# Lectures

ON THE

# PROGNOSIS AND TREATMENT OF CERTAIN ACUTE DISEASES,

WITH

## SPECIAL REFERENCE TO THE INDICATIONS AFFORDED BY THE GRAPHIC STUDY OF THE PULSE.

*Delivered at the Royal College of Physicians of London.*

BY FRANCIS E. ANSTIE, M.D.,

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## LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—At no time in medical history, perhaps, were the questions connected with the Prognosis and Treatment of Acute Diseases in a more singular position than just now. With regard to the fevers more particularly, but also very strongly with reference to acute visceral inflammations, the opinion has become general that the natural course of these disorders is towards recovery, and that any medicinal interference with the essential pathological phenomena is worse than useless. Further, that there are certain Accidents, using that word in its philosophical sense, which give a bias towards death or towards serious complications, and that of these accidents a certain per-centage are of such a character that their effects will probably always be irremediable by medical art. Such an accident, for instance, is the pre-existence, in a patient attacked by typhoid fever, of advanced degeneration of the kidneys; or the pre-existence of fatty heart in a man who has drunk himself into a state of severe delirium tremens; or the fact that a person catching typhus happens to be over seventy years of age. Even the moderate residuum of comfort which is left to us is dashed with disquieting reflections. It amounts to this, that a certain proportion of the accidental factors of fatal acute disease are probably remediable if we had the exquisite tact and skill to detect their earliest incidence, and the moral courage to decide unfalteringly on the appropriate means of combating them. But such gifts are among the rarest, and there are few practitioners who have not felt with bitterness that the unusual chance of being of some greater use to a patient in a fever or a pneumonia than a well-educated nurse might have been, has come and has been missed, because it found them unprepared.

That such a state of things is humiliating few will deny. The direction, however, in which the remedy for it must be sought is obvious. There is no likelihood that the highest degree of skill in rapidly interpreting the physiognomy of disease will ever be other than exceptional. But it is probable that modern research will greatly multiply and improve those physical and chemical tests of the more subtle bodily changes which are within the comprehension of any student who is industrious and moderately intelligent. It is with the hope of indicating a path of investigation which promises valuable results of this kind, that I have undertaken to discuss the prognosis and treatment of certain acute diseases which I have been able to study with some closeness. The disorders in question are typhus and typhoid fever, pneumonia, pericarditis, erysipelas, and delirium tremens; and the link which connects them in my present purpose is the prominence which typhoid disorders of the circulatory system assume among the accidental factors of a fatal result in all these diseases. It is certain that the group might be largely extended, but I prefer to speak of the results of my own observation.

No more important discovery has been made in modern times than that of the graphic representation of the actual state of the circulation, and this College has lately heard from Dr. Burdon Sanderson an interesting explanation of the principal physiological and some of the pathological indications which are to be obtained by the use of Professor Marey's ingenious sphygmograph. I propose to discuss the indications which this instrument affords in regard to the prognosis of the diseases which have been named, and the light which it appears to throw upon a peculiarly difficult question in their treatment—namely, the selection of cases in which the use of alcohol will be beneficial. The present lecture will be occupied with the prognostic indications of the sphygmograph. In the second lecture will be included the observations made by me, so far, on the sphygmographic indications for and against the use of alcohol, and the description of a new application of chemical tests to the secretions, by which I believe that the amount of alcohol eliminated can be shown to bear a close relation to the usefulness or hurtfulness of that agent in acute disease, and thus to form a valuable check on the indications of the sphygmograph.

Before entering into the details of my subject, I shall make two remarks in deprecation of possible misunderstandings. In the first place, the diagrams you see before you are nearly all faithful reproductions, drawn to scale, of actual pulse-tracings taken by myself.* Secondly, I must put in a general statement in deprecation of the idea, too likely to convey itself to the minds of those who are unfamiliar with the subject of syhygmography, that the instrument is capable of giving indications which are at once conclusive in themselves, without reference to the evidence afforded by other means of observation. That is quite incorrect. Just as is the case with the thermometer, the employment of the sphygmograph must be checked by careful study of all the other clinical facts. But I must equally oppose the haste and rashness of those who would therefore treat the new method of observation as of little worth. Everyone who knows the value of what is called "cumulative evidence" is well aware that the addition of a new series of corroborative or corrective observations—even after a long train of evidence has been gone through—is often instantaneously decisive of a question which till then hung completely in doubt, although these very observations, taken by themselves, would have had no such decisive value at all.

The healthy pulse in the radial artery (and in acute diseases it will be found practically inconvenient to examine any of the other arteries) produces graphic curves which may be analysed as follows:—A (Fig. 1) is an example of the

FIG. 1.

pulse under circumstances of the highest possible vigour, when both heart-force and arterial pressure are high; being taken at a time when the digestion of breakfast may be supposed to be recently completed. Under these circumstances the first line of ascent is either vertical or, more usually, not quite vertical: it terminates in a moderately sharp apex, *a*; there is then a slight fall, then a secondary elevation at *b*; then again a more considerable notch, *c*; and following this a new rise, *d*, of rather larger dimensions than that which preceded it. After this the fall of the lever is unbroken by any considerable secondary wave. In explaining these features of the curve we had better start from the notch *c*: this is, by common consent of the best observers, allowed to represent the *closure of the aortic valves*. All before it is therefore *systole;* all which follows it, *diastole*.

Now, as to the first period, the following is the explanation irresistibly suggested by the interesting experiments of Dr. Burdon-Sanderson, which were detailed in his recent lecture before this College. The first sudden rise of the lever appears to be due to a "percussion" wave-movement, instantaneously propagated along the column of blood between the heart and the wrist, upon the opening of the aortic valves; and its height is directly proportioned to the degree in which the resistance of arterial tension is overcome by the propelling force of the ventricle. The second wave (*b*) is probably the representative of an expansile wave-movement *in the arterial wall*, which is slower in propagation, which is the result and continuation of the entire movement of ventricular contraction, and expresses the character of the latter. Then comes the notch, a collapse caused by the closure of the valves. And then, after this brief interruption, we have a momentary re-

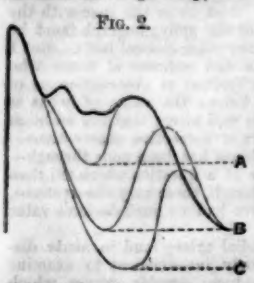
* The white engravings on black ground have been photographed on the wood from the orginal tracings.

sumption (*d*) of the expansile movement in the arterial wall before the final fall to the point of minimum pressure.

Now the central feature of the febrile radial pulse, as Wolff has very clearly shown, is that the pulse becomes dicrotous, or *two*-waved, instead of being *three*-waved. The wave *b* disappears, the aortic notch *c* is deepened, and the wave *d* is exaggerated. Besides this, the total size of the pulse-curve is increased, at least in those stages of pyrexia in which the heart is still acting with a fair amount of vigour. If we study the diurnal variations of the normal pulse, we find that these changes are imitated by the pulse of physiological states which imply a lowered arterial tension-resistance. For example, the curve B in Fig. 1 is the figure of the pulse of fatigue in the same individual whose pulse of morning vigour is represented by the curve A; and the same alteration is yet more clearly marked in the curve C, which is that of the pulse of the same person during the digestion of a full meal—dinner. In each case a large number of capillaries are comparatively relaxed and patulous, and arterial tension-resistance is proportionately diminished. As a consequence of this the heart's action becomes more rapid.

If we turn again to the febrile pulse, we find that there are various degrees of the dicrotous character which may be presented in the height of pyrexia. The diagram (Fig. 2*) represents the chief of those varieties, as described in Wolff's important treatise: The outer curve represents a pulse which is consistent with health; A is a mildly dicrotous, or "subdicrotous," fever-pulse, in which the aortic notch does not descend so low as the level of the curve-basis; B is "full" dicrotism, in which the aortic notch descends quite to the curve-basis; C is "hyperdicrotism," the extreme variety, in which the aortic notch descends decidedly below the curve-basis, and in which the occurrence of the dicrotous wave is also markedly delayed. Now the degree of dicrotism, as marked by the depth to which the aortic notch descends, has a real correspondence with the degree of severity of the pyrexia: the subdicrotous pulse indicating the mildest varieties of febrile disturbance, and so on. Some idea of this correspondence may be gathered from the observation that the "full" dicrotous curve answers pretty nearly to a temperature of 103° Fahr.; and that less marked types correspond to lower, and more decidedly marked types to higher, temperatures respectively. This, at least, is the general rule, though there are particular exceptions.

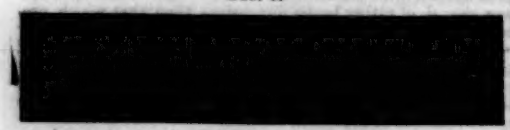
FIG. 2.




Dicrotism is, then, an important feature of, and its degree an important means of evaluing, the pyrexial state. I show you examples of its varying degrees in different cases.

For instance Fig. 3 is the pulse of a case of pericarditis, on the second day; it is subdicrotous.

FIG. 3.



The next tracing (Fig. 4) is taken from a pretty severe case of pericarditis, in the height of the pyrexial stage.

FIG. 4.

Fig. 5 is the pulse of a very bad case of typhoid, on the twelfth day.

In an average case of any of the pyrexial diseases which form the subject of this lecture, the pulse will pass, at any rate, through the two forms indicated by Figs. 3 and 4 by the time it reaches the acme of the febrile disorder. When defervescence is about to occur, it will be indicated by a return, through the mildest or subdicrotic type of Fig. 3, towards the convalescent form, which is indicated by Fig. 6.

FIG. 5.

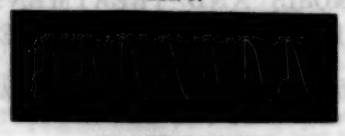


FIG. 6.

Any case in which the hyperdicrotous form (shown in Fig. 5) occurs must be considered a grave one, more especially if this form be attained early, and maintained with constancy during several days, or particularly if it be maintained beyond the period when defervescence might be expected to take place; for instance, if by the twenty-fourth or the twenty-fifth day of typhoid the pulse has not receded to a milder form of dicrotism, the probability is great that some serious complication, such as pneumonia or the like, is about to take place.

There are cases of acute disease in which the dicrotic character of the pulse is masked, in a peculiar way, in the early stages. Such a pulse as the curve (Fig. 7*) occurring in the *early* days of typhus or of pericarditis is not of bad augury, according to my experience; it is only a temporary phenomenon, and soon resolves itself into one of the milder forms of ordinary dicrotism. I call this pulse, occurring in these circumstances, the "simple typhoid curve," and I suggest the analysis of its formation shown by the lines which I have drawn within the actual curve itself, and which are necessarily deduced, as it appears to me, from the facts elicited by Dr. Burdon-Sanderson's important experiments on the production of percussion-waves. In this case the arterial tension is very low and the heart-force is considerable; the percussion phenomena are therefore extremely developed. This large and apparently simple curve consists really of a number of excessively deep and rapid oscillations of the lever, which it is impossible for the sphygmograph-spring to follow; it can only touch their apices, and thus it makes the lever describe a curve the height and size of which enable it to mask all the phenomena that are concerned with the expansile movements of the arterial wall which represent the action of the ventricle. Later on, when the heart beats with rather less vigour, the pulse will assume the ordinary dicrotous types, and so pass to convalescence. In fact, the large "simple" typhoid curve indicates that the patient is commencing with a severe pyrexial disease, but that he possesses a vigorous heart, which will probably not succumb to exhaustion.

FIG. 7.

Very different is the significance of another kind of curve, also simple in its outline, and devoid of secondary markings, which occurs *late* in a pyrexial disease, is nearly always accompanied by a very high temperature, and develops immediately out of one of the most hyperdicrotous types. I shall have to speak of this further on, among the curves which are to be considered as almost certainly fatal in their prognostic indications; at present it is enough to signalise the time of its appearance, and to mention that such pulse-curves are always of *much smaller size* than the large simple curve of early pyrexia. Not unfrequently they are extremely minute in size, and this kind of pulse is always very rapid.

*(To be continued.)*

* It is necessary to say that Figs. 1 and 2 are only diagrammatically accurate. The length of the secondary waves has been exaggerated, in order to show them clearly.

* This curve is drawn twice the natural size.

A CLINICAL PRIZE, consisting of a complete copy of Wilson's Skin Portraits, is offered by Mr. Hutchinson to any student of the London Hospital who shall furnish the most meritorious report on any subject connected with diseases of the skin. The essay is to be sent in not later than May 1st next. Competitors may select their own subjects.

ON THE

# SO-CALLED EPIDEMIC OF "MALIGNANT PURPURIC FEVER" IN IRELAND, AS IT OCCURRED AMONGST THE TROOPS.

BY DR. JEFFERY A. MARSTON,
STAFF SURGEON.

*(From Records in the Army Medical Department.)*

*(Concluded from p. 4.)*

WE now come to the 48th Regiment, which occupied the same barracks as the last-named regiment—namely, the Richmond Barracks.

A man was admitted into hospital on the morning of the 11th of May, complaining of pain in the head and shivering. Towards the middle of the day livid spots began to appear, and continued to increase in number and depth of colour until his death at twelve the same night. He was comatose for ten hours, and death ensued in fourteen hours from the time of attack. The autopsy revealed congestion of the abdominal organs generally, a similar state of the brain, some effusion of blood into the sac of the arachnoid (?), a deposit of lymph on the surface of the brain, and about a drachm of fluid in the ventricles.

On the evening of the same day (11th) another man of the 48th was admitted into hospital suffering from symptoms very closely indeed resembling those just described. No petechial spots made their appearance, however, and he recovered.

It is very noteworthy, in connexion with the two last-named cases, that the men belonged to different companies, and occupied different rooms in the barracks.

*Curragh Camp.*—The first case that occurred at this camp was in the person of a young recruit belonging to the 69th Regt., aged seventeen, who was attacked on the morning of May 24th, and brought to hospital on a stretcher in a semi-collapsed state. He was found in bed in the barrack-room in a nearly insensible condition. The eruption in this case consisted at first of *red* patches, which became of a *dark-purple* hue afterwards. After the use of stimulants he recovered consciousness, and relapsed into a state of insensibility in the course of the day, but regained consciousness on the 25th. He complained of pain in the head and extremities, and his bowels had acted very freely during the night without medicine.

Private T. D——, 48th Regt., aged twenty-one; service, three years; under treatment in hospital from May 14th for pneumonia, from which he was convalescent. On the morning of June 3rd he was attacked by shivering, sickness of stomach, headache, and febrile symptoms. Early on the morning of the 5th he became comatose, and died at half-past nine P.M. on that day. Duration of disease, fifty-six and a half hours. There were no purpuric spots, but the medical officer under whose care he was—Surgeon Clarke, of the 69th Regt.—considers the case to be similar to those previously observed in Dublin, in which purpuric spots were present.

On post-mortem examination a large layer of recently formed lymph was found deposited on the lower surface of the cerebellum, and extending down the spinal cord as far as the last cervical vertebra.

Private Thos. H——, 59th Regt., aged eighteen; service, two months; admitted under the care of Assistant-surgeon Whittaker, 69th Regt., on the morning of the 8th of June. Semi-comatose, eyes suffused, skin hot, respiration labouring, pulse rapid and weak; a number of dark-purple spots over hands, arms, and parts of chest and abdomen, also a few on the legs. He was slightly purged, and vomited some bilious-looking fluid. He died at five P.M. Duration of illness about twelve hours.

There was no lymph effused on the brain, but there was an increase of fluid in the ventricles. The choroid plexus was of a dark-red colour, and the upper part of the cervical spinal marrow presented a thick network of bright-red vessels.

Private Samuel D——, 89th Regt., aged nineteen; service, one year; admitted on the morning of June 8th, with great prostration, labouring respiration, pulse weak and rapid, and his chest, abdomen, arms and legs covered with dark-purple spots. He died at half-past three P.M. Duration of illness about twelve or fourteen hours. Retraction of the head was present in this case.

The post-mortem examination showed great congestion of the membranes of the brain, particularly on the under-surface, where there was a small quantity of effused lymph. The substance of the brain was thickly studded with red spots of irregular shape and size. The ventricles contained a quantity of fluid, and the arachnoid covering of the spinal cord showed a network of bright-red vessels.

Corporal Wm. T——, 52nd Regt., age thirty-nine; service twenty years; admitted half-past four A.M. on June 11th, with prostration, nearly to loss of pulse, sighing respiration, inability to speak or answer questions, hot skin, and an eruption of dark-purple spots over body, arms and legs. He died at half-past six P.M. Duration of illness fourteen hours.

The upper surface of the brain was covered with effused lymph, thicker at some parts than at others; the bloodvessels were congested with thick dark blood. On the inferior surface of the brain the membranes were congested, but no lymph had been effused. The arachnoid covering of upper part of spinal cord presented a network of bright-red vessels. The substance of the brain was thickly studded with bright-red spots. The ventricles contained some fluid, and the choroid plexus was dark-coloured.

During life the urine was examined; it was of natural colour, sp. gr. 1010, acid reaction, and did not contain albumen. This case was treated in the same hospital and by the same medical officer—Assist.-surgeon Whittaker, 69th Regt.—as was that of Private Thos. H——.

The questions in which the main interest is centred are those concerning the nature, origin, and spread of this disease. We purposely avoid discussing its nature, or its pathological and etiological affinities to other diseases. As to its origin, all we know is that it has prevailed in a sporadic way in Ireland for some years, and epidemically in other countries. When we regard the frequency and prevalence of diseases of the epidemic type of late years, we are insensibly tempted to refer to the operation of some such widely diffused influence as is implied in the expression "an epidemic constitution of the season"—an expression which recognises, but in no way accounts for, the facts. Still, epizootic and human diseases have been very frequent of late years. What their influence may have been, and what may be the relations and interdependence, if any, existing between these different occurrences, is beyond our ken. There is, however, one remarkable statement which we should be glad to see investigated—namely, that made by some of the Dublin butchers, to the effect that a similar and very fatal disease had appeared among the pigs. Some of these animals have become suddenly attacked, manifested dark spots about the skin and a bluish tint about the ears, and died in twenty-four hours. It is said that one farmer lost fourteen animals in this way.

But leaving this interesting and most difficult question, let us turn to the inquiry more within our cognisance and the scope of scientific observation. Is the proximate cause of the disease an entity—a poison, and a portable, communicable one, or not?

The facts read to this Society do not afford sufficient data to warrant a definite conclusion; but there is evidence enough to make us hesitate before we affirm the contrary. If the disease be essentially the same, though a variety of typhus, then it is almost certainly contagious; but the evidence on this point, as far as the 2nd Batt., 2nd Regt., is concerned, breaks down under the pressure of facts, because we find good reason for believing that the occurrence of some cases of this cerebro-spinal disease antedated the time at which the *typhus* poison was introduced into the regiment by the return of the Flying Column. There is no doubt, however, that the disease in question prevailed contemporaneously with the typhus type of fever in this regiment. Such occurrences as the appearance of more than one case in the same body of men, as happened in the 52nd, 2nd, and 48th Regiments, will make very different impressions on different minds.

In all these cases it became an anxious subject of inquiry whether any sanitary defects existed to which the occurrences might be in any degree fairly attributed. It is satisfactory to learn that the medical officers were unable to place their finger upon any defects, beyond such as are inseparable from the soldiers' gregarious mode of living.

It would be foreign to the scope of this paper to enter at all minutely into a detailed description of the several cases. We have already given the more salient characters of this disorder, as it has occurred among the military population in Ireland. Still, a few considerations may be shortly touched upon.

There has been considerable variety in the features presented by different cases, yet there is quite sufficient resemblance and relation one to another for us to group them under some common name, and identify them as acknowledging an allied, if not identical, causation and pathology.

For practical purposes these varieties might be thus classified:

1. The worst and most speedily fatal cases presented symptoms, to our minds, expressive of a profound blood-poisoning: the imperfect collapse, followed by a sopor and insensibility which speedily ran into coma; the paralysis of the pulmonary function, and the rapid appearance, as well as the number and extent, of the spots. These things left no room for doubt, in our opinion, as to the formidable nature of the malady, and the inadequacy of a cerebro-spinal meningitis to explain all its features.

2. As to the cases in which the symptoms of a cerebro-spinal inflammation were the most prominent. Delirium and other manifestations of a disordered intellect were neither so common nor of such grave import as those symptoms referable to the spinal system—the convulsion, the retraction of the head, the spastic contraction of muscles, &c.; and yet some of the best-marked of these cases recovered.

It is to be remarked, also, that there was no necessary relation between the occurrence, the number, or the extent of the spots upon the skin, and the amount of intra-cranial and intra-spinal mischief.

In those cases which were very rapidly fatal, it may be that the morbid anatomist could not expect to find the same traces of diseased or inflammatory action as in those less speedily fatal; yet we have seen that a patient may perish after fourteen hours' illness, and indubitable marks of inflammatory action may be present in the meninges of the brain and spinal cord. In none of the fatal cases examined were these parts normal; there was excess of serous fluid, vascular congestion, or actual extravasation of blood present, and a careful analysis of the cases leads to the inference that it is to the presence of those fluids about the respiratory nerve-centres that the imperfect collapse and pulmonary distress are due. Whether the cerebro-spinal affection—says Dr. Haverty, the surgeon of the 52nd Regiment—be taken as the essential expression of the disease, or be looked upon in the light of a complication only, it is that which evidently gives it most character all through, and which drags its slow process of repair over a period of many weeks, perhaps months, attended with little or no functional derangement of any kind, but with intense debility. This debility appears to be so marked that, says Dr. Haverty, the worst cases of cholera in the enervating climate of India never had so protracted a stage of convalescence. In the only example of recovery from the disease which occurred in his regiment the progress to recovery was very slow; the rigors, more or less prolonged, gradually gave place to a simple sensation of general coldness of the surface, which returned daily for a week or ten days, and gradually ceased altogether. There was during that time also, at intervals, severe pain of the head or limbs, and unequal dilatation of the pupils; a marked disposition to drowsiness was present, the lad being almost constantly asleep for several days: a little later, however, all those unfavourable symptoms disappeared.

In very few cases indeed was there any manifestation of a gradual deterioration of the health of those attacked; on the contrary, the suddenness of the seizure and the rapid progress of the case were generally remarked upon by those who recorded the cases.

In the majority a marked functional disturbance of the gastro-enteric system was evidenced in the vomiting and purging which ushered in the graver symptoms of the disorder.

The perspiration was found to be acid to litmus in one case; the urine was of light colour, of an average specific gravity of 1010, and non-albuminous in all the cases in which this was tested.

In conclusion, it ought to be remarked that, although the outbreak of this disease in Ireland has been very generally spoken of and written about as an epidemic, it has never attained the dimensions which would warrant the application of such a term as epidemic to it.

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QUADRUPLETS.—The "Medical Record," quoted by the *Gazette Médicale de Strasbourg*, states that a Dr. Faust has seen a woman who had just been delivered of quadruplets. The first child was born on Feb. 26th, at eleven A.M.; the three others on the next day, between six and eight A.M. The mother is twenty-five, nurses her four children, each of whom weighs five pounds. There was only one placenta of a square shape, from each angle of which proceeded an umbilical cord.

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ON THE

# MALIGNANT PURPLE FEVER EPIDEMIC IN IRELAND.

BY E. D. MAPOTHER, M.D. &c.,
MEDICAL OFFICER OF HEALTH FOR DUBLIN.

(*Concluded from page 5.*)

HERPETIC eruptions pretty often came out during convalescence in this form of the disease, and they were probably the peripheral effects of central nervous lesion, more than attempts at cutaneous elimination.

In the first type I have sketched, that there is greater engorgement of the vaso-motor than of the sensori-motor system is evident from one of Dr. Lyon's cases, in which the boy was pulseless, yet sat up in bed, and anxiously inquired "What are these spots?" From this and other cases, he regards the disease as showing "an absence of specific lesion of the nervous system."

Dr. Gordon says—"The cases of cerebro-spinal meningitis which have been seen during the present epidemic may be subdivided as follows:—1st. The cases which were characterised by the suddenness and gravity of the symptoms: usually more or less lesions of innervation and extensive dark-coloured eruption, accompanied by copious subarachnoid effusion, cerebral and spinal, and of various kinds. 2nd. Cases almost or altogether as grave, indicated by very much the same set of symptoms, in which scarce any cerebral or spinal effusion was found, but always great congestion. 3rd. Cases analogous to those of cerebro-spinal meningitis sporadically met with, where the symptoms of spinal irritation were well marked, and where lymph or pus, or both, were more or less copiously effused."

The most rapidly fatal case was that of a healthy schoolboy, aged ten and a half years, who sank in less than five hours from the time of his seizure; and Dr. Gordon, who in his admirable essay (*Dublin Quarterly Journal* of May) fully details the case, ascribes death to pressure on the respiratory nerve-centre, and the circulation through the brain of highly carbonised blood. As in many other diseases which we describe as blood-poisoning—scarlatina, typhus, or cholera,—the extinction of life may be most rapid. Whether this depends on the largeness of the dose or the peculiar susceptibility of the patient we know not.

The average duration in 41 investigated cases, which include both the blood-poisoning and cerebro-spinal types, has been forty-two hours, 14 of them having terminated within twenty-four hours. There being no registration of disease, the average mortality can be only approximated. Up to May 1st, Dr. Gordon states, it was 80 per cent.; but, like other epidemics, it has decreased in virulence, and about half those now seized die. *Age* is the strongest predisposing circumstance, as will be seen from the following distribution of 41 cases according to quinquennial periods from five to sixty-five—6, 6, 6, 8, 5, 3, 2, 1, 2, 0, 1, 1. If the disease be essentially neural, the dominant action of the sympathetic may account for the proneness of children to take it; or if it be a blood-poison, the removal of temporary organs at that period would afford abundant fibrin, the pabulum for zymosis. It is certainly that material which responds to the poisons of the communicable diseases which are most readily absorbed in childhood, when nutritional changes are so active. Of these fatal cases, 21 were females, and 20 males. As to rank in life, a young nobleman, three medical students, two undergraduates, several persons in well-aired and well-drained houses, and some from wretched tenements where typhus always abides, and where cholera haunted last year, have been victims. It may be noted that all the towns which have suffered from purple fever were also visited by the partial epidemic of cholera last year, which suggests some relation in the promoting causes of both maladies. There are only two instances in which, from the occurrence of more than one case, a probability of contagiousness was suggested. 1st. That of a wretched hovel from which cholera had snatched victims last year, and in which a child, its sister, and lastly its mother, were attacked with purple fever; the latter two being seized simultaneously ten days after the first patient died. 2nd. That of a cabin built in a filthy swamp, and so unwholesome that the mother had lost her six children by zymotic disease; here a second child sickened forty-eight hours after the seizure of the first. In both of these dwellings sanitary circumstances were so bad that the inmates must

have been to the utmost prepared for any zymotic. It is possible there may have been some hereditary proneness—a circumstance so constant with regard to hæmorrhagic diathesis.

Purple fever, if it be due to the same morbid poison as typhus (a view I shall just now support), its lesser contagiousness is sufficiently accounted for by its more rapid fatality, for it is at the period of elimination that typhus and other specific fevers are most communicable. Excitement and fatigue must be ranked as predisposing causes. The Flying Column of the 2nd Regiment had been pursuing the Fenian rebels when the disease arose, but ordinary typhus was prevailing at the time in the regiment. Nearly all the victims in the French outbreak were young conscripts just torn from their friends to undertake harassing duties; and in our constabulary depôt, in 1846, an outbreak occurred amongst the recruits. The mental disquietude during the American war may have promoted the outbreak in that country; and some of the adults attacked in Dublin lately were persons whose natural sleep was much interrupted.

The meteorology of the first half of this year has been remarkable for the unexampled coldness of March and April, and the constant prevalence of east wind during those months and May.

The deaths by concurrent epidemics during the past six months are compared with those of last year in the following table:—

| | Fever. | | | Measles. | | | Scarlatina. | | | Diarrhœa. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1865. | 1866. | 1867. | 1865. | 1866. | 1867. | 1865. | 1866. | 1867. | 1865. | 1866. | 1867. |
| January ..... | 49 | 46 | 39 | 3 | 11 | 5 | 4 | 3 | 7 | 13 | 12 | 19 |
| February ... | 42 | 50 | 30 | 0 | 7 | 10 | 6 | 7 | 8 | 10 | 14 | 16 |
| March ..... | 47 | 40 | 32 | 7 | 4 | 25 | 3 | 2 | 5 | 9 | 16 | 21 |
| April ..... | 37 | 44 | 24 | 7 | 2 | 66 | 2 | 2 | 6 | 12 | 17 | 27 |
| May ..... | 40 | 56 | 26 | 14 | 1 | 56 | 2 | 6 | 9 | 7 | 5 | 10 |
| June ..... | 42 | 35 | 29 | 23 | 1 | 58 | 2 | 4 | 17 | 9 | 14 | 23 |

Fever, then, has been notably less; but perhaps we are not justified in subtracting these novel cases from that category. Measles has been generally diffused and very fatal, a few of the deaths being registered as "rubeola nigra." The concurrence has been noted in other cerebro-spinal epidemics. In one of Dr. Stokes's cases measles came out during recovery from the malignant purple fever.

For the past eighteen months "purples" has been very rife among pigs, many carcases having been seized by the clerks of the markets. I think there is much resemblance between this disease and human purple fever, and Mr. Hugh Ferguson, the Veterinary Officer of the Privy Council (for such we have in Ireland, though no Public Health Department) has favoured me with the following particulars of the disease:—"Great and rapid mortality, many of the animals dying within half an hour after they had appeared to be well and to feed voraciously; others are indisposed for two or three days, and die within an equal time from their being seriously ill. In all, purple blotches are found, especially in the thinnest and least hairy parts of the skin. Nervous symptoms vary: in some cases marked excitement; in others, lethargic depression and muscular atony. Tetanic tendency is characteristic of the purest type. The post-mortem examination presents general congestion, with a tarry, uncoagulated blood, and numerous ecchymoses under the skin, over the membranes of the brain and medulla, and into the substance of the muscles, even that of the heart." He states that "purples" among pigs was very prevalent during 1846, when cerebro-spinal meningitis was epidemic at Dublin and Belfast. Several oxen have died very suddenly during the past two months; effused blood on the brain and along the mucous surfaces has been discovered on dissection. Mr. Ferguson regards the disease as congestive apoplexy, induced by over-feeding in rich grass. Splenic apoplexy of the ox and sheep, which is due, according to the French veterinarians, to the entrance of the parasite bacteria from the air into the blood, presents phenomena by no means dissimilar from the "purple fever." While in Paris lately I obtained specimens of the bacteria in ox blood. Healthy animals infected with such blood get the splenic apoplexy, and it is said that their flesh, if eaten by pigs, gives rise to meningitis. The resemblance between such diseases in the lower animals to this in man, and the possible dependence of the human malady on food derived from diseased animals or a diet scanty in vegetables, are sufficient to illustrate the need which exists for the scientific study of epizootics. In Ireland we have no means whatever for instruction in comparative pathology.

I will next offer you a brief analysis of the facts of previous epidemics related by the best authors.

From 1838 to 1840 the garrisons of Versailles, Nancy, Lyons, Strasbourg, and some other towns were attacked with cerebro-spinal meningitis, as it was at once called; for dissection displayed lymph and semi-purulent matter abundantly under the cerebral and spinal arachnoid. The symptoms were of a correspondingly inflammatory type, as detailed in Rollet's Memoir (Royal Academy of Medicine, 1843). Cutaneous extravasations or eruptions did not appear at Nancy, while they did at Versailles. In the former garrison the mortality was 28, in the latter 42, per cent. The patients were almost entirely conscripts under twenty-seven years of age, in whom long marches, the anxiety of new duties, and regret at parting from relatives, were supposed to be exciting causes. It was believed to be non-infectious.

During the months of January, February, and March, 1846, several cases of cerebro-spinal arachnitis occurred in the South Dublin and Bray Workhouses, and in the Belfast Workhouse shortly after. Dr. Mayne described the disease in the *Dublin Journal*. Boys under twelve years of age were the sole victims, girls under circumstances quite similar escaping. The arachnoid of the cord especially was found opaque, and lymph most freely poured out under it. Hot skin, full pulse, from 120 to 140, indicated acute pyrexia. The limbs, neck, and face were tetanised, convulsions or coma preceding death, which occurred usually on the fourth day; but one case ended in fifteen hours. Increased sensibility of the skin was common, and exquisite soreness of the epigastrium constant. No cause whatever could be assigned, and treatment proved useless.

In the United States, from 1811, when Dr. North well described the disease, it has been frequently epidemic, and attracted much attention in 1863. The American journals contain many essays, which are ably summarised in the last edition of Wood's Medicine. Two forms are recognised,—one marked by shock, weak pulse, purpled limbs, and coma, death happening within the first day; the other presenting signs of cerebro-spinal mischief, such as tetanoid spasms and hyperæsthesia, death occurring in three days. Purple spots were present in twenty-seven out of forty-four cases. Congestion in the former, and effusion of lymph in the latter, was the cerebro-spinal lesion found after death.

The outbreak in Dantzic, in 1865, is ably recorded in your "Transactions" by Professor Hirsch, and by Dr. Sanderson in the Privy Council Report. Of the 2000 cases in West Prussia, half died; and of 347 cases, 330 were under fourteen years of age. No mention is made of purple spots, and the lesions and phenomena were wholly cerebro-spinal. It was believed to be non-contagious. Cold weather and the crowding of the poor were the only exciting causes suggested.

I will conclude with a few suggestions upon the nature of the disease. The rapid form, with purple blotches, and without cerebro-spinal symptoms, is certainly a zymotic or blood-poisoned malady; but that the other type, characterised by positive signs of cerebro-spinal lesion, without the blotches, is due to the same proximate cause I am not convinced. On the other hand, no inflammatory lesion of any organ whatever could be so acute as to kill in five hours. The letting loose of the blood into the skin, where it remains till it decomposes; the weakened arterial force; the embarrassed respiration; and the nutritional changes in the eye, which make up the phenomena in the rapid form, may be no doubt explained by supposing that a blood-poison depresses or arrests the contractile power of the vaso-motor nerves. There is no place where these abound more than in the membrane which after death is found mainly affected. The supply of sympathetic filaments to the arachnoid is most abundant; in fact, in or under that membrane they form a mesh before being distributed to the cranio-spinal nerves and bloodvessels. The greater proclivity

of children to cerebro-spinal meningitis may be due to the greater proportional activity of the sympathetic system. In his last weekly report Dr. Farr has given the leaven of an important question, namely, "Is this purple fever only typhus seizing the scorbutic?" The best of antiscorbutics, the potato, has increased in price, as also have green vegetables; so that the poor use less. In 1846 the potato was here unattainable by them, and we had cerebro-spinal arachnitis; and about the same time, as our medical registrar, Dr. Burke, reminds me, purpura and scurvy were most frequent. During the past eighteen months I have seen many cases of purpura, and in England the deaths by it were one-third more numerous in 1865 than in 1854. Spring and early summer have been always the prevailing periods for the epidemic meningitis or purple fever, and then the potato is scarce and bad. Our poor mainly subsist on bread and tea and Indian meal, a diet highly promotive of scurvy; and children who suffer most from the epidemic are especially apt to want fresh vegetables amongst their food. Purple fever has doubtless stricken down the well-fed, but it is just possible that, like the cook whose case I detailed, they may have had a habit of abstaining from vegetable food. Scurvy is of all maladies the most asthenic, and one may well believe that a sufferer from it receiving the typhus poison would sink at once, no time being afforded for elimination of the poison, as we see occasionally in virulent cases of scarlatina. Dr. Murchison has contended that epidemic cerebro-spinal meningitis is but a form of typhus. If this be so, it is not surprising that with us it should be attended more frequently by cutaneous blotches, seeing that petechiæ are much more frequent in the typhus of Ireland than elsewhere. Stoker ascertained that they appeared in 386 cases out of 540 in Dublin, and if typhoid cases had been distinguished (as they nowadays should be in the registers), the proportion would be much greater. The faulty diet of our poor may account for the greater frequency of this blood condition.

Of treatment I will only say that if there be vaso-motor depression, ergot in scruple doses, belladonna in grain doses, every second hour, and perhaps cantharides, are worth a trial, as they are contrary in physiological action. Alcohol and digestible nutrients, such as solution of beef in dilute hydrochloric acid, might give aid; and the hot-air or cotton bath might tend towards cutaneous elimination. With regard to prevention, although I saw no reason to believe that the disease was communicable, I have directed disinfection of rooms and clothes, and isolation of the patient as much as possible. If there be truth in the dietetic point I have touched on, and which I will further investigate, it becomes one of the most preventable diseases which we encounter.

## ON THE TREATMENT OF OZÆNA.

By CHRISTOPHER HEATH, F.R.C.S.,

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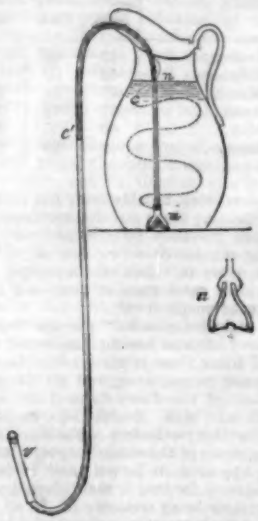
IN THE LANCET of November 26th, 1864, Dr. Thudichum called attention to a novel method of cleansing the nasal cavities in cases of offensive discharge, depending upon the anatomical fact that when the mouth is open the soft palate so effectually shuts off the posterior nares that fluid will pass from one nostril to the other behind the septum, without descending into the pharynx. Having during the last two years repeatedly availed myself of this method of treating disease of the nasal cavities, I venture to lay my experience of it before the profession, since its merits are as yet, I believe, scarcely appreciated.

Dr. Thudichum himself, I believe, interfered much with the popularisation of his plan by the elaborate details into which he entered respecting the fluids to be used, and the complicated and expensive apparatus he recommended to be employed. My experience does not coincide with that of Dr. Thudichum as regards the irritating effect to the Schneiderian membrane of pure water; at least, when warmed. Cold water, no doubt, is irritating, as all bathers know, but I have never found tepid water cause irritation, even when allowed to run for several minutes. Since cleanliness is the first object of treatment, it is important that patients should have no difficulty placed in the way of the free use of simple water, chemical applications playing but a secondary part in the treatment.

With regard to apparatus for a patient's use, simplicity is of the greatest importance. Dr. Thudichum's apparatus consists of a loaded foot, a brass rod thirty inches high, carrying an arm and ring, in which is cemented a high cylindrical glass vessel, resembling in shape the glass shade of a candle-lamp, and capable of holding two pints of fluid. To this a stop-cock and tube are fitted, with a perforated nozzle to go into the nostril. This apparatus is made by Weiss, and is of course expensive, and, besides, the glass is liable to fracture. Small portable india-rubber reservoirs, with tube attached, have been made to supersede this by Matthews and others; but the form of tube which I have always employed is by far the simplest, since it can be adapted to any bedroom ewer; and the expense being trifling, each patient can be provided with a tube, so as to employ it daily.

The apparatus I employ is simply a stout india-rubber tube five or six feet long, with a perforated metal weight at one end, so grooved that water can pass through it when standing on a flat surface. At the other end is an ordinary gum-elastic enema nozzle, which may be perforated with more than one hole if preferred. The whole arrangement was contrived by Dr. Rasch as a vaginal douche, and is described by him in the Obstetrical Transactions. For hospital out-patients, I have more than once contrived a very effective instrument out of an old gas-pipe and a piece of sheet-lead, but the entire tube as figured below may be bought for five shillings, of Lewis, of the City-road, or of Coxeter, of Grafton-street.

The mode of using the tube will be at once understood from the accompanying engraving, for which I am indebted to Dr.



Rasch. An ordinary ewer being filled with tepid water, the weighted end is dropped into it, and the tube "payed in" for two or three feet. The ewer being then raised upon a chest of drawers, or some convenient elevation, the patient squeezes the tube in the water, and draws it over the lip of the ewer, when, being converted into a syphon, the water immediately begins to flow along it. Perfect control can be exercised over the water by the pressure of the finger and thumb, whilst the patient places his head over a basin and inserts the nozzle into his nostril. On permitting the flow of the water, a stream is immediately established between the nostrils so long as the mouth is kept open; and the current can be reversed, arrested, or diminished with the greatest readiness.

The immediate relief to both the patient and his friends by simply washing out the nostrils in this manner, in a case of ozæna, is very remarkable. Not long since a young woman suffering from this affection told me that she had lost a situation on account of the offensive odour she exhaled, and begged for a certificate that she would be no longer offensive to others. In this case, on the first use of the tube, enormous pellets of stinking matter came away; and by the subsequent use of a disinfecting lotion she was rendered perfectly comfortable.

The simplest disinfectant is the permanganate of potash; and, in mild cases, this will alone often effect a cure. More active chemical solutions can be employed in suitable cases;

and it is by no means necessary to employ large quantities of these, since, as pointed out by Dr. Rasch, by compressing the end of the tube whilst full of water, it can be transferred to a small vessel holding the lotion, and will still act as a syphon.

In addition to frequent washing of the nostrils, I have employed with advantage in cases of ozæna the use of tannin as a snuff, taking the hint from a paper on "Nasal Polypus" by Mr. Bryant (THE LANCET, 27th February, 1867); but a more elegant and perhaps satisfactory way of using the same agent is that employed by Mr. Davey, of Romford—viz., in solution with glycerine (tannin, one or two grains; glycerine, one fluid drachm; water, one fluid ounce), and blown into the nostril with a spray-producer. This has the advantage of more fully spreading through the cavity, and the method may be advantageously employed in those cases of polypus nasi in which the nostril is so completely blocked that the patient cannot snuff up, an instance of which lately came under my notice.

Medicinal constitutional treatment will be required in many cases of ozæna in order to effect a cure; but careful attention to diet and hygienic measures must not be neglected, especially in children of a strumous character. The topical application of nitrate of silver, &c., may be occasionally requisite when ulceration is clearly visible, and ointments may be applied on a camel-hair brush with advantage near the nasal orifices, so as to prevent caking of the mucus during sleep. In order to examine the interior of the nostril, a good light is necessary either from the sun or a lamp, when, if the rays are properly directed, and the nostril is held open with a director or small spatula, or, if preferred, with a bivalve ear-speculum previously warmed, a good view of the interior will be obtained. I have employed the endoscope in order to examine the nose, and in one instance—a gentleman whom I saw in consultation with Dr. Easton some months back—the nostril had been so dilated by the long-continued manipulations of the patient that I was able to use the endoscopic tube ordinarily employed for the examination of the rectum. This patient derived great comfort from the use of the tube to wash out the nostril, but did not continue under treatment long enough for a cure to be effected.

Cavendish-place, July, 1867.

## A CASE OF POISONING BY STRYCHNINE.

### RECOVERY AFTER TAKING THREE GRAINS.

By W. H. FOLKER, F.R.C.S.,
SURGEON TO THE NORTH STAFFORDSHIRE INFIRMARY.

ON the 19th March I was called to see a man who was reported to have taken poison. On my arrival I found him in bed, surrounded by a roomful of people in the greatest state of excitement. All the information I could then gain was that his wife, coming unexpectedly into the room, saw him drinking a bluish-looking mixture from a tumbler. The patient, proprietor of a music hall in the town, had been very unfortunate, and was in consequence much depressed in spirits. At first he refused to say a word. I was therefore quite in the dark as to the nature of the poison he had taken, or whether he had really taken poison at all, as no symptoms were present. From the description given me by the wife, I concluded he must have taken arsenic, and therefore administered the whites of three eggs, and went home for an emetic. During my absence the tumbler used had been found, and contained about a drachm of water, with a bluish sediment, which tasted of strychnine. He now admitted having taken a "vermin-killer" powder, the wrapper of which I found in his pocket, and on it the name of a local chemist, to whom I immediately sent to ascertain the contents of the powder. Learning from the chemist that the powder contained about three grains of strychnine, I now knew exactly the nature of the case I had to deal with, and therefore at once gave a teaspoonful of tincture of belladonna, which was the only antidote I happened to have at hand, sending off at the same time for some tincture of aconite and chloroform, which I made up my mind to rely upon, having witnessed the beneficial effects of these remedies in tetanus.

At thirty-five minutes past one the patient was first seized with a distinct spasm of some severity. This was followed in ten minutes by another, more severe than the first, and from this time they increased in length and frequency, until there was only about two minutes' interval between each spasm, which lasted half a minute. The patient screamed horribly, and prayed not to be touched, as the slightest touch instantly excited a spasm. Between each attack his face appeared quite calm, and his intellect remained clear throughout. A little after two P.M., chloroform was administered, and he was kept quietly under its influence for nearly half an hour, when he was allowed to recover from it slightly. About five minutes afterwards he was seized with another spasm of intense severity, lasting over a minute, leaving him cold, pulseless, and apparently dying. This paroxysm, which occurred at forty minutes past two P.M., was far worse than any he had, either before or after. When his pulse began to rise, chloroform was again administered for about half an hour at a time, and kept up during the next two or three hours, and every hour ten minims of tincture of aconite was given, until he had taken three doses, when the interval of taking it was increased to two hours. Between five and six P.M. the chloroform was abated, as the spasms had become less severe. The paroxysms were now very irregular in their occurrence, there being sometimes an interval of half an hour, and sometimes of only two or three minutes. The patient complained of great thirst, and greedily drank a little water when poured into his mouth, but it so invariably excited a spasm that he desisted from any attempt to swallow.

At eight P.M. the attacks became so much worse that I put him again under the influence of chloroform for half an hour; and from this time he gradually recovered, the last spasm taking place at forty minutes past twelve A.M.—that is, within ten minutes of twelve hours from the time of swallowing the poison. He could now take a little beef-tea and brandy-and-water with comfort.

On the following morning, when I saw him, nothing remained but a slight twitching in the left leg. The aconite, which had been taken regularly so far, was now discontinued. The patient was very weak and exhausted. But I need not detail any further treatment. Suffice it to add, he was out of doors in four days.

My neighbour, Dr. Wades, kindly gave me his assistance during a part of the treatment.

The powder contained three grains of strychnine, about eighteen grains of rice-flour, a little oil of rhodium, and a fraction of a grain of indigo. The residue in the tumbler I evaporated, and found it to weigh, when dried, only one grain. The remainder had all been swallowed.

As these cases are not very common, I have thought it well to put this one on record; and will conclude with the following summary:—

1. Three grains of strychnine were taken.
2. The first spasm came on in three quarters of an hour.
3. The severest paroxysm occurred in an hour and fifty minutes.
4. The spasms ceased in twelve hours.
5. The face was calm and free from the risus sardonicus of ordinary tetanus.
6. The intellect was clear throughout, although screaming was present, together with a dread of being touched—similar to that witnessed in hydrophobia.
7. Touching, and the effort of swallowing, directly produced a spasm. The spasms were very irregular in their occurrence.
8. Chloroform and tincture of aconite are remedies to be relied upon.

Hanley, Staffordshire, 1867.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—We understand that at the last meeting of the Faculty Dr. Alexander Bryson, C.B., licentiate of the Faculty 1825, Director-General of the Medical Department of the Navy, &c., was unanimously elected an honorary fellow. This is an honour which the Faculty very rarely confer, and in this instance, while graceful in them, it must be gratifying to Dr. Bryson to receive such a recognition of his public services, and of the high professional position to which he has attained.—*North British Daily Mail.*

SYPHILIS AND THE BOTTLE.—There are so many ways of contamination that some are probably to this day unknown. The blowing of bottles has lately been the means, at Montluçon in France, of spreading the complaint from one individual to almost all the workmen of the glass-house. Such danger had been long pointed out by the medical men of Lyons, and one of them had even contrived a mouth-piece which would prevent the mischief. But manufacturers and their men are impatient of restrictions, and will not listen to scientific advice until the mischief is patent.

# A Mirror
## OF THE PRACTICE OF
# MEDICINE AND SURGERY
## IN THE
# HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum propriis collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## KING'S COLLEGE HOSPITAL.

### TWO CASES OF LITHOTOMY BY A MODIFICATION OF THE OPERATION OF CELSUS.

(Under the care of Sir WILLIAM FERGUSSON.)

So content are surgeons ordinarily with the lateral operation for lithotomy that we do not very often have to record any departure from this well-known procedure. But the presence of a large stone in the bladder, and the want of sufficient space for its extraction which is occasionally experienced by operators using this method, every now and then tempt the surgeon into devising some means by which the difficulty may be remedied. Of late years the principal modifications have consisted of two—(1) the median operation of Allarton, and (2) the medio-bilateral of Civiale, which has been reintroduced and performed with very satisfactory results by Mr. Henry Thompson (see Mirror, 1865, vol. ii., p. 673).

The procedure recently adopted by Sir William Fergusson is of peculiar interest because in the main it is a return to an operation of great antiquity, and which remained unchanged up to the sixteenth century. There is an important addition, however, to the proceeding. In the old operation, that described by Celsus (De Medicinâ, lib. vii., cap. xxvi.), no staff was employed. A strong man seated took the patient on his lap and held the bent thighs apart. The operator introduced two fingers of his left hand into the anus and endeavoured to push the stone into the neck of the bladder, the right hand aiding by pressure above the pubes. A semilunar cut was then made (its horns directed to the ischial tuberosities) upon the projection formed by the stone in the perineum. The neck of the bladder was divided by a second transverse cut, and the stone removed by the finger or a spoon. In this process, which was called "cutting on the gripe," owing to the absence of a staff, there was always the danger that the urethra might be cut through transversely.

In the plan lately adopted by Sir William Fergusson, the ordinary curved staff was introduced into the bladder, and held as if for lateral lithotomy. The operator then plunged his knife into the right side of the patient's perineum, nearly an inch below the anus, and about midway between that aperture and the right ischial tuberosity. The knife then—its cutting edge being upwards—was carried over the anus and down again on the other side to a position corresponding to that where it commenced. In this way, a lunated cut was made, the concavity of which was directed vertically downwards. The forefinger and middle finger of the left hand, with their dorsal surface looking up, were then directed horizontally forwards, so as at once to push back the rectum out of harm's way, and to embrace between them the bend of the staff, furnishing thus an effective guide to its groove, which the knife then entered and completed the operation exactly as if for lateral lithotomy. The difference, indeed, between the process here employed and the usual one lay in the outer cut, which, instead of being directed downwards and outwards from the raphé of the perineum, formed a crescent which included the anus. The position of the staff, the deep incision, and the use of the forceps, were the same as those ordinarily employed.

It was on February 16th that a healthy-looking boy, aged five years, who had shown symptoms of stone for two years, was cut in this manner; and a lithic-acid calculus, the size of a large bean, extracted by means of the scoop. On that occasion Sir William, in referring to the procedure, illustrated his remarks by some diagrams upon the board, which we reproduce, as, even in the accompanying rough form, they will save much lengthy description.

1. The ordinary incision in lateral lithotomy.
2. The incision often employed by Sir William Fergusson, which passes from the right of the raphé to the left ischio-rectal fossa.
3. An inverted Y incision, which he had more than once employed with the object of gaining space.
4. The incision adopted in the present instance.

On June 1st we witnessed another trial of this procedure. The patient was a muscular man who had suffered for four years from symptoms of stone, and in whom lithotrity had been attempted in the country, but without success. Chloroform was administered, but the man was not bound. For a length of time past Sir William has ceased to bind patients whom he cuts for stone, and has rarely seen any inconvenience arise from the omission. But here the incision had only been half made when the man convulsively stretched out his legs, completely overpowering the assistants who endeavoured to restrain his limbs. Apparently not disturbed in the least by the novelty of the position which his patient thus occupied, Sir William, without halting for an instant, completed his incision with the utmost facility. The limbs then became sufficiently relaxed to be again brought into position, the succeeding steps of the operation were performed, and a good-sized stone was extracted.

In some interesting remarks which followed, Sir William said that he had long entertained the idea of adopting the process which his hearers had just witnessed; but it was only a few months since that he had first used it. The operation was partly the old one, "cutting on the gripe," described by Celsus, but employed long before him. It had gone out since the celebrated Frère Jacques introduced the grooved staff. At first Frère Jacques, ignorant of anatomy, had plunged a pointed knife into the perineum in the dark, as it were, and opened the bladder with varying success. Later he studied anatomy, and was understood to have been the first to use the staff, the employment of which, however, had been perfected by Cheselden, since whose time the lateral operation had been the one usually performed. Sir William remarked that the use of a staff quite altered the aspect of the old process, "cutting on the gripe." In its performance the knife was passed on and on, whilst two fingers in the rectum pushed the stone towards the operator. The uncertainty of the procedure and its danger put it out of date when the lateral operation was performed by Cheselden and his successors. The especial advantage of the lunated incision was that the cut was formed in exactly the widest part of the perineum, and it was, of course, of great moment to secure the widest space. It was an imitation of the direction and situation of Nature's outlet in the other sex—the vagina,—as the median operation might be considered an imitation of the direction of the vulva. Dupuytren, he said, had used a double bistouris caché, but his example had not been much followed. Indeed Paris did not now take the lead in lithotomy as it had once done. Probably lithotrity was more often performed there. Sir William thought that the combination of a lunated cut and the use of the staff should be fairly tested. As regards his first case, the patient had done well. The wound, however, was rather long in healing. He could not venture to say that this was on account of its shape. He pointed out the advantage gained by being able to introduce two fingers between the rectum and the staff, pushing back the rectum out of reach of the knife, whilst at the same time this very act opened the wound. In median lithotomy, pressure backwards of the rectum tends to close the wound. No doubt the rectum was not now so often wounded as it was thirty or forty years ago; but it was still very frequently cut, more often indeed, he thought, than was generally understood. In the present instance he had got into the bladder with as much facility as usual. He did not make a very free cut into the neck of the bladder, because he found that the stone was not so large as he expected. On touching

it with the point of his left forefinger, he ascertained that a moderate opening for the forceps would be sufficient.

The patient made an excellent recovery, and was discharged on July 3rd.

## ST. THOMAS'S HOSPITAL.

### TWO CASES OF EXCISION OF THE KNEE-JOINT.

(Under the care of Mr. LE GROS CLARK.)

OF the following cases it was remarked by Mr. Le Gros Clark that they were amongst the most unpromising on which he had operated; and yet they both terminated satisfactorily. The condition of the bones in the child was suggestive of a low degree of vitality, and the probability of a continued suppurative action was anticipated. Nevertheless, the process of consolidation went on kindly, though slowly. The early healing of the wound in the adult was not expected, on account of the attenuation of the skin. But the operator was agreeably disappointed; for the inflammatory infiltration into the subcutaneous areolar tissue speedily gave a firmness and consistence to the flap which favoured the adaptation and union of the cut edges. And this is a circumstance on which, as in amputation with skin flaps, great reliance may be placed. Another fact which probably favoured union in this instance was the existence of an opening in the ham, by which drainage from the joint was facilitated. Where such ready drainage does not exist, it is not infrequent for abscess to form in the neighbourhood of the joint; and a free, dependent opening is desirable in such case, and is attended with a happy result as regards the progress of the wound. In both of these cases great care was bestowed on what Mr. Le Gros Clark deems an important feature in this operation—viz., the removal, as far as possible, of all diseased tissues in connexion with the joint after the section of the bones is completed.

CASE 1. — Frederick D——, aged eight, was under care in St. Thomas's Hospital for a considerable time for disease of the knee-joint, apparently of a strumous character, and was then sent to Margate. After the lapse of some months, he was readmitted under Mr. Le Gros Clark, the disease having made progress. The joint was evidently disorganised; it was much swollen, and there were several sinuses communicating with its interior which discharged copiously; the tibia, disengaged from its connexions to the femur, had fallen backwards. The child's suffering was great, and his health was giving way rapidly. His general condition was somewhat improved by diet &c., and excision of the joint was performed on April 21st of last year. The condition of the bones was peculiar, the cancellous structure looking like a section of spleen, surrounded by a thin lamina of semi-cartilaginous texture, so compressible that the infiltrated cancellous interior might have been pressed out of it. The prospect was not very satisfactory, but the parts were replaced in good position. The boy's suffering ceased almost immediately, and his health soon improved. Early in August the wound was healed, and the bones so firmly united as not to admit of movement, and in good relation. A leather support was fitted around the knee, and the boy was allowed to get about, being able to walk with assistance.

Mr. Clark tells us that he saw this boy two or three months ago. He was then well, and, with the exception of a slight tendency to flexion at the knee, the limb continued strong and serviceable. A suitable support was ordered with the view of obviating this disposition to contraction, which is attributable probably to the soft and yielding condition of the anchylosis, and, indeed, of the epiphyses themselves.

CASE 2.—Richard L——, aged thirty, labourer, pale and of spare make, was admitted in November, 1865. Five years since he first felt pain in the knee after lifting a heavy weight. He came to this hospital, and was under Mr. South's care, when he had issues made on either side of the joint, and was sent to Margate relieved but not cured. His knee never ceased to give him trouble, and three months since he had shivering accompanied by increased pain. Pus was subsequently discharged by a spontaneous opening in the ham, and the old issues reopened. When admitted in November this patient's health was suffering severely; his rest was broken, his appetite failing, and he was emaciated. Excision was performed on Dec. 13th. The skin around the knee was very thin and tightly drawn over the joint. The interior of the knee was completely disorganised: there was scarcely a trace of cartilage or ligament, and the condition of the subjacent cancellous texture required that thick sections of each bone should be removed. This rather unpromising case was somewhat tedious, but did remarkably well. The edges of the wound healed to a considerable extent by adhesion, the popliteal opening discharging freely for some time. The patient's health mended from the time the operation was performed. Small abscesses formed in the course of treatment around the joint, but were of no great moment. In July he had firm union in an excellent position; he could get about with a support, and the wounds had almost ceased to discharge. He was sent to Margate for change of air.

This patient died in October, 1866, at the Margate Infirmary, of acute disease of the kidneys. The resident medical officer writes: "I was unable to obtain a post-mortem examination. The knee-joint was about the same as when he was admitted, not quite firm, but quiet and tending to recovery."

# Reviews and Notices of Books.

*Twenty-first Report of the Commissioners in Lunacy to the Lord Chancellor.*

*Ninth Annual Report of the General Board of Commissioners in Lunacy for Scotland.*

THE Commissioners in Lunacy worthily inaugurate the twenty-second year of their public service by a report full of information and interest, and bearing abundant internal evidence of the value and importance of their labours during the past year.

Most of the subjects discussed have been frequently noticed in our columns. The Commissioners give the details of no less than six prosecutions instituted by them against individuals infringing the Lunacy Laws, by receiving or retaining patients of unsound mind without the statutory certificates. We regret to find that three of these prosecutions were against medical practitioners.

As might be expected, the treatment of patients at Colney-hatch, and the vindication of such treatment by the medical superintendent, are fully noticed. The views of the Commissioners are in exact accordance with those expressed by us; and we are glad to find that the Commissioners are satisfied that no such treatment will be again permitted.

The correspondence of the Commissioners with Mr. Baker Brown is given at length. We have already given our opinion on the subject.

The question at this moment most engaging the attention of the Commissioners in Lunacy, and of all concerned or interested in the treatment of the insane, is that of providing increased accommodation for the insane poor. To this subject we shall recur. The opinion of the Commissioners—and they speak with the authority of much experience—is clearly against the "cottage system"—i. e., that of placing single lunatics as boarders in families. Their more practical suggestion is, the separation of curable from incurable cases, and the reception of the latter into smaller asylums of a less expensive character. They speak favourably of the detached blocks erected for quiet patients at the asylums of Kent, Devon, Chester, and other places.

We have already referred to some of the statistics of the English report.

It would appear that on the 1st January in the current year there were in England and Wales 6139 private and 42,943 pauper lunatics, making a total of 49,082 persons; of whom 22,365 were males, and 26,717 females. By epitomising the above total number, it is found that 24,590 were resident in county and borough asylums, 2216 in hospitals, 4478 in licensed houses, 630 in naval and military hospitals and criminal asy-

lums, 10,307 in workhouses; and 6861 were residing as single patients with relatives or others. During the past ten years the number of lunatics has increased by 15,291, of whom 1302 are private and 13,989 pauper patients.

The Scotch Commissioners state that the number of the insane in Scotland on January 1st, 1866, exclusive of unreported lunatics maintained in private dwellings from private resources, was 6662, and it appears that in eight years the number has increased from 5774, or at the rate of 15 per cent. The population of Scotland increased 4 per cent. in the same interval, so that the officially recognised lunatics increased nearly four times as fast as the general inhabitants of the country. The population of England increased at the rate of 11 per cent. in the years 1857-67, and the number of inmates of English asylums increased 46 per cent. in the same time. The excess in the rate of increase of inmates, as compared with the growth of the population, differs therefore very little north and south of the Tweed.

The tables in the Scotch report show that of the insane persons in Scotland under official cognisance, 1126 were supported by private funds, and 5490 by parochial rates, while 46 were detained as criminal lunatics in the Central Prison at Perth. In eight years there has been an increase of 969 in the number of pauper lunatics and of 93 private patients placed in establishments; on the other hand, there is a decrease of 216 pauper lunatics in private dwellings, while the private single patients under the sheriff's order have virtually remained stationary. The want of reliable knowledge of the number of private patients living with relatives or others, unknown to the Commissioners, prohibits any comparison between the aggregate pauper and private insanity in Scotland; but of the numbers of the two classes resident in establishments the paupers predominate in the ratio of about 3½ to 1. The increase in the number of pauper lunatics is caused in some degree by the pauperising tendency of the malady, which every year transfers a certain proportion of patients from the one category to the other; but it is also due to the larger proportion of private cases removed unrecovered from asylums: hence it is that the accumulation in establishments goes on at a rate three times as great for pauper patients as for private, and there is a constant cry for augmented accommodation.

There are considerable fluctuations in the pauper insanity of the several counties of Scotland, and the discrepancies are so various that the Commissioners are not able to maintain that pauper lunacy is more or less abundant among a manufacturing or agricultural population, or among people of Saxon or Celtic race. But on the whole kingdom there appears to have been little variation during the last seven years in the amount of pauperism and pauper lunacy. On the 1st of January, 1859, there were to every thousand persons living in Scotland 27·41 registered paupers and 1·72 pauper lunatics, the ratio of pauper lunatics to paupers being 62·88 per 1000. On Jan. 1st, 1865, there were 25·69 paupers and 1·76 pauper lunatics per 1000 of population, while the ratio of pauper lunatics to paupers was increased to 68·4 per 1000. In the last year there was a slight decrease in the ratio of pauperism to population, and an increase in the ratio of pauper lunatics to paupers, as compared with the average for the seven years.

The annual rate of mortality in the five years 1861-65 in the Scotch asylums was 8·21 per cent. on the average numbers resident; in England the rate was 10·28; and in French asylums (1854-66) it was 14·03 per cent. These results show that the mortality in Scotch asylums will compare favourably with that in English and French establishments. The relative tendency of males and females to insanity depends on so many considerations that it is difficult to express it statistically: if the ratio be calculated on the number of private patients resident in asylums on an average of nine years, it would result as 100 to 102·4; but if it be determined by the numbers sent to asylums the relation is as 100 to 104. There is a difference in the mortality in favour of the females, which is more marked in England than in Scotland: in the former the mortality per cent. of males was 12·32, of females, 8·42; while in the latter the rate was 9·05 per cent. for males, and 7·56 for females. Of every 1000 patients who die in Scotch asylums, 512 are males and 488 females; and of every 1000 who die in English asylums, 567 are males and 433 females. The proportion of recoveries is, at all seasons, much higher among females than males, but the disturbing influence of transfers renders all calculations founded either on the proportion of recoveries to admissions, or on that of recoveries to the average numbers resident, imperfect from the want of reliable data.

As regards the different establishments in Scotland for the reception of patients, the lowest mortality in the last year was among pauper lunatics in private dwellings (5·3 per cent.), the next most favourable rate was in the lunatic wards of poorhouses (6·5), in public and district asylums it was 8·2, in private asylums, 9·3, and in parochial asylums, 10·1 per cent.

One of the most interesting and instructive tables in the Scotch report traces the progressive history of 1308 patients admitted into asylums during 1858: of these, 824 were remaining on the 1st of January, 1859; at the same date in 1860 they were reduced to 599; then in subsequent years to 546, 488, 470, 444, 438, there remaining 426 of the original patients on Jan. 1st, 1866. Thus by discharge and death the reduction was at the rate of 67½ per cent. during the whole period, of which 37 per cent. was in the first and 27 per cent. in the second year, the readmissions helping to prolong the period of extinction of the original 1308 patients. In their eighth report the Commissioners tell us of patients that have passed more than forty years of uninterrupted residence in their asylums; of 292 inmates of more than twenty years' standing; of 608 who have been residents for fifteen years, and 1282 whose residence has exceeded ten years.

The Scotch Commissioners mention that there are many other points of statistical interest, embracing the civil condition of the insane patients, their occupations, their ages at the period of attack, the causes and forms of their mental affections, the duration of the malady on admission, and the intervals between successive attacks, which they would gladly have brought under review, had the materials at their command been sufficient for the purpose. Lunacy statistics, in their present form, are chiefly remarkable for stopping short of the point at which really trustworthy and satisfactory deductions could be drawn about the increase, real or presumed, of one of the most terrible maladies that can afflict humanity.

## THE LATE SIR WM. LAWRENCE, BART., F.R.S.,

SERJEANT-SURGEON TO THE QUEEN.

THE veteran William Lawrence, at the ripe age of eighty-four, has departed from the scene of his labours. Few men amongst us have had a more remarkable career than this late distinguished surgeon. He died of paralysis at his house in Whitehall on Friday, the 5th instant.

Sir William Lawrence was born at Cirencester, Gloucestershire, in July, 1783. His father had been in general practice as a surgeon in that town for a long period. He retired from the profession for many years before his death, and, singularly enough, reached the exact age of his son—i.e., his eighty-fourth year. William Lawrence received his education at a classical school near Gloucester, where he studied for seven years and a half, after which, in 1790, he went and resided in the house of Mr. Abernethy, to whom he was apprenticed. Lawrence was a diligent pupil, and fully appreciated the advantages of his position, and bore his testimony to the character and talents of his distinguished teacher in a glowing eulogium in

his introductory lecture at the Royal College of Surgeons. Mr. Abernethy was so impressed by the zeal and talents displayed by Mr. Lawrence in anatomical pursuits that in the third year of his apprenticeship he appointed him demonstrator of anatomy. He fulfilled the duties of his situation for twelve years to the great satisfaction of his pupils. He passed his examination at the College of Surgeons in September, 1805; was appointed assistant-surgeon to St. Bartholomew's in March, 1813; and was full surgeon in May, 1824. In 1813 he was elected a Fellow of the Royal Society. In the following year he was appointed surgeon to the Eye Infirmary in Moorfields, and twelve months afterwards was surgeon to the Royal Hospitals of Bridewell and Bethlehem. In the same year (1815) he was chosen one of the professors of anatomy to the Royal College of Surgeons, at which he delivered the lectures for four years. In consequence of some disagreement amongst the medical staff of St. Bartholomew's Hospital, a medical school was established in Aldersgate-street. Mr. Lawrence delivered the lectures on Surgery, Mr. Tyrrell lecturing on Anatomy, Drs. Clutterbuck and Tweedie on Medicine, Davis on Midwifery, and Roget on Physiology. Mr. Lawrence retired from the school to succeed Mr. Abernethy at the hospital as lecturer on Surgery in the session of 1828-29. He retired from the Eye Infirmary many years since, but continued to lecture on Surgery at St. Bartholomew's Hospital until a recent period, and was one of the surgeons at that institution until nearly the time of his death. Mr. Lawrence was a member of the Council and examiner of the College of Surgeons for many years, and had more than once filled the office of President. On more than one occasion he has delivered the Hunterian Oration. His last appearance in this character was at a time when a strong feeling of indignation existed among the members of the College with respect to the Charter which the College had lately obtained. This feeling was so strong that it was thought necessary by the Council to depart from the rule of selecting a new man to deliver the annual eulogium upon the great founder of the museum of the College of Surgeons. Mr. Lawrence, it is stated, volunteered the unenviable duty, and he delivered a remarkable address to one of the most crowded audiences which has ever assembled in the theatre of the College. He ventured to defend, indeed to commend, the conduct of the Council. Nothing could have been more unfortunate or ill-timed. It produced a storm of indignation in his auditory. Many of those present had listened more than twenty years before to his fierce denunciations of that very body, in his memorable speech at the Freemasons' Tavern. The orator was imperturbable in the fiercest of the storm. He certainly displayed upon that occasion his most extraordinary talents as an orator. When he had allowed his audience to exhaust their dissatisfaction at the sentiments which he had uttered, he concluded his address in a most masterly and eloquent peroration, which called forth the plaudits of the assembly.

It would be well if we could pass over without further remark the part which Mr. Lawrence played, forty years since, with respect to reform in the Royal College of Surgeons. We would willingly do this, but our duty as historians will not permit us. Mr. Lawrence became a reformer. He enlisted the sympathies and aid of the editor of this journal in what was regarded by a vast majority as a righteous cause. The Council feared him, and elected him into their body. From that moment Mr. Lawrence became a conservative and an obstructive, and maintained that character to the close of his life. He not only deserted his former friends, but lost no opportunity of reviling them. It is simply impossible that he could have changed his opinions from conviction, for not only was the change simultaneous with his accession to power, but no man was better acquainted with the shortcomings of the Council, and of the obstacles they had thrown in the way of progress and improvement. We must therefore attribute it to the only other possible cause—namely, of having advocated reform merely for the purpose of obtaining place. In his evidence before Mr. Warburton's committee he characterised the members of the College to which he belonged, and of which he was an examiner, as "only competent to the ordinary exigencies of surgery." Yet, notwithstanding this memorable declaration, Mr. Lawrence, during the long period that he was a member of the Council and of the Court of Examiners, resolutely and consistently opposed every attempt that was made to improve the education and status of the surgeon in general practice. This seems strange indeed, since he was himself the son of a general practitioner, surgeon to a great hospital, and lecturer on surgery to one of the largest classes of students in London.

The cordiality which existed between Mr. Abernethy and his pupil was put a stop to by the delivery of some lectures by the latter before the College of Surgeons. Mr. Lawrence in these lectures advocated doctrines which favoured materialism, and Mr. Abernethy replied to them, but he was no match in eloquence or power for his former pupil; the controversy, however, had the effect of directing public attention to the obnoxious doctrines which Mr. Lawrence had promulgated, and the authorities of Bethlehem and Bridewell Hospitals called upon him to resign his appointments at those institutions. Mr. Lawrence did not resign, but recanted; bought up all the copies of his work on the History of Man, and sent them over to America to enlighten our cousins on a subject which our own countrymen thought he had treated in a manner unworthy of his position, his talents, and his acquirements.

In arriving at a just estimation of the character of Sir W. Lawrence "without favour or malevolence," it must be admitted that in most of the higher qualities of mind he was entitled to admiration. His talents were of the highest order; his acquirements seldom surpassed in our profession. As a writer, his style was vigorous, clear, and convincing. As a lecturer, in manner, substance, and expression, he had no superior in the profession in our time, if we except Joseph Henry Green. As a surgeon, he was superior to all his predecessors in the great hospital to which he belonged, Percival Pott excepted. As an operator, if not amongst the greatest, he is entitled to hold a high position. But it must be acknowledged that "his principles were somewhat lax, his heart was somewhat hard." We speak of him now merely in his public capacity, for in all the relations of private life he was most estimable and affectionate. Notwithstanding the low estimation in which he held surgeons in general practice, it is probable no *pure* surgeon of modern times ever had so large a general practice as himself. If they were only competent for the "common exigencies of surgery," he at all events thought himself able to treat every class of disease, whether medical or surgical.

Whatever may have been the shortcomings of this remarkable man, it cannot be denied that by his genius and acquirements he did much to elevate the position of English surgery. His published works are sufficient testimony to this fact. In whatever light we view his career, we must admit that he was one of a race of giants, of which he was not the foremost. Whatever may be the future of our profession, it must never be forgotten that William Lawrence belonged to a class of surgeons who have elevated the science and art of that calling to a position which has demanded and received the acclamation of the civilised world. The contemporary of Cline, Abernethy, Brodie, Astley Cooper, Aston Key, Robert Liston, and of Benjamin Travers, his name will live as long as the reputation of English surgery shall exist.

There is not a surgeon of the civilised globe who will not acknowledge on hearing of his lamented death that "a great man has fallen in Israel." It was said of Goldsmith, that he left no species of writing untouched, and "touched nothing which he did not adorn." In these days of specialism it is refreshing to record that a master-mind like that of Lawrence gave evidence of the power of a great surgeon. He wrote on most surgical subjects ably and well. To prove that medicine and surgery are simple and undivided, the fact remains that William Lawrence by his practice—unconsciously it may be—was foremost of the pioneers in the advocacy of a principle which has been the guiding spirit of THE LANCET. He proved incontestably, not only the value, but the necessity of the "one-faculty system."

In person Sir Wm. Lawrence was above the middle height. He had a vigorous and well-developed frame; a high and expansive forehead; a cold but sagacious blue eye, inclining to grey; a classic nose; a mouth large and expressive, and of the character which is said by physiognomists to denote the possession of oratorical power; a chin indicating firmness, and largely developed.

In addition to his appointments of surgeon to St. Bartholomew's Hospital and surgeon to the Royal Hospitals of Bridewell and Bethlehem, he was serjeant-surgeon to her Majesty, was twice president of the College of Surgeons, and was one of the first members of the General Council of Medical Education.

Sir Wm. Lawrence passed through his long life with more than an average share of health. In the early part of his career the symmetry of his noble countenance was for a time impaired by a sudden attack of facial paralysis. This was at first treated by local measures; but these proving unsuccessful, he was advised to lose blood and to live abstemiously, and he quickly recovered. On several occasions, years afterwards, he felt sudden loss of power in one of the lower limbs, which,

however, did not persist, and for which generally little was done, as the nature of these seizures was obscure. About two years ago his power of locomotion became more feeble, and his general strength declined. Subsequently, more decided hemiplegic symptoms supervened; but he showed wonderful powers of recovery, and for a time his health became so far re-established that he was able to resume to some extent his professional avocations. At length more decided evidence of insidious cerebral disease appeared; and at last a sudden attack of hemiplegia of the right side, with loss of speech, indicated too surely serious lesion of the brain. This seizure occurred about two months since, when in the Council chamber of the College of Surgeons. His splendid intellect, however, remained to the end unaffected, and he could listen to, and enjoy apparently, the conversation of his family and the few friends whom he received till within a few hours of his death, though he was unable to give utterance to the ideas which were passing through his mind. He was attended throughout his last illness by his old friend Dr. Tweedie, Sir Thomas Watson and Mr. Paget being in occasional consultation.

Sir William's contributions to the practice and science of surgery were numerous, and were as follows:—A translation from the Latin of a "Description of the Arteries of the Human Body, reduced into the form of Tables:" by Adolphus Murray, M.D., Professor of Anatomy and Surgery at Upsal. "The Treatment of Hernia." "Observations on a peculiar Affection of the Testis, attended with the growth of Fungus from that organ." "Observations on Lithotomy; with the account of a case in which the operation was performed with the knife." "An Introduction to Comparative Anatomy and Physiology:" being the introductory lectures delivered at the Royal College of Surgeons on the 21st and 25th of March, 1816. "Lectures on Physiology, Zoology, and the Natural History of Man:" delivered at the Royal College of Surgeons, 1819. "A Treatise on the Venereal Diseases of the Eye." "A Treatise on the Diseases of the Eye." "Case of a Woman who voided a large number of Worms by the Urethra." "Account of a Child born without a Brain, which lived four days; with a Sketch of the principal Devintions from the ordinary formation of the Body, remarks on their production, and a view of some physiological inferences to which they lead." "A New Method of Tying the Arteries in Aneurism, Amputation, and other Surgical Operations." "Two Cases of true Elephantiasis, or Lepra Arabum." "On some Affections of the Larynx which require the operation of Bronchotomy." "Cases of Fungus Hæmatodes." "Further Observations on the Ligature of Arteries; to which is added, A Case of Popliteal Aneurism." "On Dislocations of the Vertebræ." "On the Treatment of Nævi Materni by Ligature." "Observations on the Nature and Treatment of Erysipelas." "Case of Phlegmasia Dolens." "History of a Case in which, on examination after death, the Pancreas was found in a state of active Inflammation." "Observations on Tumours; with Cases." Sir W. Lawrence's works on the Principles and Practice of Surgery are of unequal merit: some fall into the cold shade of mediocrity; others rise far above it. His treatises on the Venereal Diseases of the Eye, and his work on Rupture, may be reckoned among his more important contributions.

## ANNUAL DINNER OF THE FELLOWS OF THE ROYAL COLLEGE OF SURGEONS.

ON Thursday, the 4th inst., after the election of members of the Council, as announced in our last impression, the annual dinner of the Fellows took place at the Albion Tavern, Aldersgate-street. Mr. Green, of Bristol, occupied the chair; and upwards of a hundred Fellows were present, a large proportion of whom were provincial. The ordinary loyal and patriotic toasts were drunk, as usual, with the utmost enthusiasm, the chairman alluding with deep feeling to the painful and prolonged illness of her Royal Highness the Princess of Wales, whose health, however, he trusted was at length re-established.

The toast of the "Army, Navy, and Volunteers" was duly acknowledged by Dr. Bryson on the part of the Naval Medical Department, and by Mr. Judd.

The "General Medical Council" was responded to by its president, Dr. Burrows. He had always set aside every other engagement in order that he might accept the invitation of being present to meet so distinguished a body as the Council and Fellows of the Royal College of Surgeons of England. Last year, having been unavoidably absent, it was with much regret that he had heard the terms in which the chairman, on that occasion, had spoken of the Medical Council. The Medical Act he had always regarded as most faulty and even unintelligible, but when established as law he considered it incumbent on them to obey the law. As president, he had ever endeavoured to do his duty in promoting the interests of the profession and the advancement of medical education, and the same spirit had actuated the other members of the Council.

The "Medical Corporations" was next given by the Chairman. He referred to the restrictions and "disfranchisement" which formerly existed on the part of the Royal College of Physicians, and objected to the term "general practitioner" as stupid and senseless, and proposed the distinctive terms—"surgeon-physician" and "physician-surgeon," which more properly and honourably represented the duties of those who are engaged in general practice.

On behalf of the College of Physicians Dr. Burrows alluded with much gratification to the prospects of a more intimate connexion between that College and the College of Surgeons, whereby the multiplicity of examinations, now so oppressive to students, will be relieved.

The President of the College of Surgeons—Professor Partridge—on the part of that body, observed that Dr. Burrows had touched upon that subject with so much discretion and judgment that he would only add, he trusted a satisfactory scheme of co-operation between the two corporations would shortly be made public. Considerable improvements had been made in the examinations. The introduction of the microscope, and of pathological preparations especially, the application of surgical apparatus and bandaging, would all tend to confer on those examinations a more practical character, while the test of clinical knowledge, instituted already in the fellowship examination, would, perhaps, also be established in the examination for membership. It was also very desirable that some more intimate communication between the Fellows and the Council of the College should be introduced (hear); that the Fellows should be enabled to meet the Council from time to time, and thus personally represent to them their views on matters pertaining to their interests.

Mr. Partridge's remarks, which were listened to with marked attention, repeatedly elicited cheers of approbation.

Mr. Cooper replied for the Society of Apothecaries.

The Metropolitan and Provincial Schools, the health of the Chairman, the Stewards, and the Hon. Secretary (Mr. Hulme) were subsequently proposed and duly acknowledged.

## THE "SOLDIER'S SPOT."

*To the Editor of* THE LANCET.

SIR,—I observe in your last issue a paragraph with the above heading. As my name has unfortunately become associated with what you justly call "a piece of sensational pathology" in connexion with this subject, I deem it necessary, once and for all, to ask your readers to do me the favour to read what I said in my published lecture on this subject, not what has been said for me under sensational headings in the penny press.

In a lecture delivered at Netley on the causes of cardiac diseases in military life, I took occasion to show a preparation of a heart with the well-known "white spot" on it, and remarked that it was seen so frequently at post-mortem examinations there, that we called it the "soldier's spot." I attributed the frequency of its occurrence to friction, caused by the constriction of the chest by ill-contrived accoutrements, and compared it to a corn on the foot from tight boots. But I never attached the smallest importance to the "spot" itself, or for a moment led my hearers to suppose that it played any, the most insignificant, part in causing the serious cardiac diseases unfortunately so common in the army, and for which so many men are daily invalided.

Believe me, Sir, faithfully yours,

Netley, July 8th, 1867. W. C. MACLEAN, M.D., D.I.G.H.

# THE LANCET.

LONDON: SATURDAY, JULY 13, 1867.


A SPECIAL meeting of the Council of the College of Surgeons was held on Monday last, at which the recently elected members were duly sworn in. The meeting was for the purpose of electing an Examiner, in consequence of the expiration of Mr. KIERNAN'S first quinquennial period of office. That gentleman was eligible for re-election, but, much to his credit, he inaugurated the system which was originally intended by the College charters, but has never yet been carried into effect; and, having filled the office of Examiner for the full period of five years, declined to be again put in nomination. We need hardly say that, under these circumstances, the vote of the Council was for Sir WM. FERGUSSON, the next in order on the Council below the Court.

Mr. KIERNAN'S retirement from both the Council and the Court of Examiners chances to have been synchronous, and we are sure that he carries with him the good wishes of his late colleagues and of the body of Fellows of the College generally. As an anatomist of European reputation, he shed a lustre over every appointment he filled; and his lengthened tenure of office as an Examiner at the University of London, in conjunction with Dr. SHARPEY, did much to raise the standard of medical education throughout the country. Although, through enfeebled health, he has not been able recently to give complete attention to the offices imposed upon him by the College, none, we feel sure, will fail to acknowledge the conscientious anxiety with which he discharged the duties he actually undertook. We trust that he may be long spared to enjoy the *otium cum dignitate* he so richly deserves.

Of his successor in office, Sir WM. FERGUSSON, we need not say anything, since his position as the acknowledged head of English surgery renders any encomiums of ours superfluous. We only regret that a man of such talents and status as Sir WILLIAM should have been prevented from holding the office of Examiner until after the period of middle age is passed, and that some years must yet elapse, supposing the usual course of events to be pursued, before he can fill the post of President of the College, to which he is so justly entitled.

It is not a little remarkable that the present year, which has been an eventful one in many ways at the College, should be the first in which so many as three new examiners have entered upon their duties since the year 1800, when the Court was first constituted. Will not Messrs. SOUTH and LUKE render it still more memorable by imitating Mr. KIERNAN'S example, and vacating the offices which they know perfectly well they have held long after the body of the profession wished them to be vacated?

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LATELY we examined and compared the pay and position of the Indian medical officer in his relation to the British medical officer, and, being fully cognisant of the difficulties to be overcome by Government in making changes and alterations in departments when such changes affect the finances of the country, we gave the authorities credit for good faith and intentions towards their doctors. Since the publication of the new scale of pay, however, we have discovered, with much surprise, that the salary allotted to the surgeon-major is not only greatly inferior to that of the Indian military officer of the same rank and standing, but is actually less than the pay of the British surgeon-major. We have been disappointed, and must confess that the Government have not fulfilled our expectations. Many and bitter complaints have lately reached us from India, accusing the Home Government of want of faith and a fixed determination to ruin and degrade the local medical officer. When, some years ago, her Majesty, by Royal Warrant, granted the medical officer higher relative rank in the army, it was naturally inferred that the corresponding increased pay and emoluments would in due time follow; but it is now quite evident that the Home Office had all along determined that the increased pay should not be given, hence the shameful and irritating delays in producing the civil scale of pay. Not only is the pay less than that of the military officer of corresponding rank, but the pensions are very much less. The staff salary to regimental officers of the staff corps is as follows:—Commandant, 600 rupees; senior wing officer, 270 rs.; junior ditto, 230 rs.; adjutant, 200 rs. By subtracting the unemployed pay from the consolidated pay of the doctors, and regarding the remainder as staff salary, the result is peculiar, and is exactly the reverse of the principle which rules in the payment of the military officer. The staff salary of the assistant-surgeon of five years thus becomes nearly 300 rupees; of ten years, 190 rupees; that of the surgeon of fifteen years, 123 rupees, and of the surgeon-major of twenty-five years' service, only 112 rupees. These staff salaries are given in addition to the unemployed pay of the military officer's rank, which makes the commandant's pay 1428 rupees, and the senior wing officer's, if a major, 910 rupees a month; the surgeon-major, who has been granted the relative rank of lieutenant-colonel, gets but 1000 rupees; the surgeon, who has the relative rank of major, only 800 rupees. The medical officer's pension is also less than that granted to the military of the higher grades. A colonel, after thirty or thirty-five years' service, gets a pension of £456, and allowances equal to £668, making a full retiring pension of £1124 per annum. A doctor, after thirty years' service, gets only £350 per annum, the highest pension now granted to the service. Even the pension of the deputy inspector and the inspector-general is not equal to that of the colonel, the former being, at the best, £800, and that of the inspector-general £900 per annum; but under the new organisation the number of those appointments has been so greatly curtailed that very few men can reasonably expect to obtain them. When compared with the military branch of the Indian army, it would now appear that the medical service has not been treated with fairness, and no desire has been shown to put the senior medical officers on an equality with their military brethren of the same rank and standing.

The point for consideration in the grievances of the Indian medical service, as brought to light by the promulgation of the new scale of medical salaries, is the pay of the medical as compared with the military officer in India—the surgeon-major's 1000 rupees and the lieutenant-colonel's 1428 per mensem. Why, a full medical professor in the colleges gets but 1400

rupees, not equal to a lieutenant-colonel's. Our young medical friends should bear in mind that consolidating means diminishing, in the office of the Indian Secretary of State. It is also clear that although the young doctor, in the eyes of the wiseacres who rule at the India Office, is considered equal to his military cousin, when he becomes old he is only an animal of an inferior caste, and worth very little consideration. What the Indian medical service demand in settling their pay is that they should be treated in the same way as the military—viz., receive a staff salary in addition to the unemployed pay of rank. The increased rank was granted with great unwillingness, and now insult has been added to injury, by giving the rank and withholding the benefits expected to follow by the increased pay and allowances.

This grievance is well set forth in a number of the *Bombay Gazette* which we have received. In England and the Colonies the military surgeons are granted higher pay than the military officers of corresponding rank; but in India it is the reverse. Why this should be it is not easy to understand. The climate is as injurious and as disagreeable to the medical officer as to any other. Yet the Indian surgeon-major gets £40 a month less than the lieutenant-colonel. It is the same in the administrative ranks: the inspector-general of hospitals ranks with a major-general; but the pay of the major-general is £350 a month, and that of the inspector-general of hospitals only £250. The truth is that, although the army medical officer is in his earlier years of service a little better paid than his combatant cousin in India, in the later years of service he is not nearly so well off. It is this want of prizes in the medical department—the absence of all stimulants to hope and the non-existence of honours and rewards for industry and high talent—which makes the medical service in India so unpopular.

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THE important subject of Dispensaries and their management is one that deserves careful consideration at the present time, when so many changes are being carried out in public institutions devoted to the treatment of disease. It seems especially desirable that in every dispensary there should be more complete machinery for seeking out the fit objects of dispensary assistance. Everybody is concerned in the right distribution of dispensary relief. The public, who may be taken to be represented by the subscriber, does not design to assist either the very poor, who are fit recipients of parochial relief, or the competent and the comfortable, who can afford to pay for a doctor of their own selection. The medical profession is especially interested in the exercise of discrimination on the part of subscribers to a dispensary. Not only does the gift of medicine and medical attendance to the well-to-do working man cheat the private practitioner to a corresponding extent, but the gift of these things, as of all other things, lowers the estimation of them in the class which is thus charitably treated. There is really a great unkindness to the poor in making medicine unnecessarily cheap. There is only one step between the receipt of a thing in the way of charity and contempt for it. But it is not only because many unsuitable patients get dispensary relief that greater discrimination is needed, but also because many most suitable persons are hindered by very creditable feelings of delicacy from receiving the gratuitous attention which they sorely need, but for which they do not care to seek in rough competition with others whose object is to save money, or whose cases are more fanciful and trivial. But, after all, the difficulty remains. It is patent to every dispensary physician and surgeon that a proportion of the patients he sees are not of the sort that ought to be relieved at a dispensary. They are too poor; or too well off; or too much addicted to taking physic on the slightest ailment, just because it is cheap and easy to be had. But it is no easy task to prescribe a remedy for this evil, or "a machinery" which would at one and the same time be discriminating without being inquisitive, and sympathetic without being soft. The medical man is most likely to be right in his opinion of the real circumstances of dispensary patients. But even his means of knowledge are few and unreliable, and the motives of his discrimination are very open to misconstruction. The committee of a dispensary is for the most part composed of busy men, who not unreasonably think that in giving an hour a month to committee work they do as much as can be expected of them. There remain the subscribers, with whom it must really rest to discriminate between the fit and the unfit. A little more trouble at their hands would double the good, and reduce to one half the evil, done by dispensaries. A little personal inquiry into the circumstances of applicants for dispensary letters would supply knowledge of the greatest value, either as a guide in giving help to the applicant, or as a ground for refusing assistance. Such inquiry might be associated with the religious and charitable machineries of the neighbourhood, and would greatly tend to fortify them in the respect of the poorer classes. While it is not desirable to have people coming to a dispensary only for food, it is highly important that the gift of food should be within the power of the medical officers. For this purpose, every dispensary should have a Convalescent Fund. It is, in truth, positively unkind to medical officers to ask them to do the medical work of these public institutions without giving them some power of prescribing nourishment. Beef and wine should be as much within their power as quinine. Still more should beef-tea. And if we had "pure religion" among us of the sort enjoined by ST. JAMES, dispensary surgeons would not be depressed, over and anon, by seeing disease linger, and sometimes grow stronger, for want of the ready supply of convenient food. There are thousands of ladies in the land who are highly able and willing to do kindly offices by the sick poor; and there would be thousands more, but for a strange national feeling against kind women being allowed to do sisterly things, the doing of which both nature and religion indicate to be their great function. And there is no medium for this purpose better than a dispensary. The medical man is one of the best judges of the necessities of a family, and under his certificate ladies would work in confidence. There is plenty of abuse of charities of this sort, but there is also plenty of room for multiplying the devices of charity. Take all possible precautions against your charity being abused; and, having done this, make it as kind, as perfect, as detailed as possible. So much from the charitable and benevolent point of view.

It is very desirable to interest the patient in the medicine supplied. We are not now discussing the question of self-supporting dispensaries. But short of charging the patient a sum that would pay the working expenses of the dispensary, it is possible to charge as much as will discourage waste of medicine. In some dispensaries a penny is charged on every fresh

supply of medicine. This is the case at the Holloway Dispensary, and the plan yields an annual sum of over £200, a quarter of the income of the dispensary.

The present time is favourable for a larger consideration of this subject. Mr. HARDY'S recent Act may be expected to make a more perfect medical provision for the pauper class, and so to relieve to some extent the dispensaries. On the other hand, the charges of medical men must be expected to increase. Even in club practice—a very legitimate device on the part of the working class for securing medical attendance of their own choosing—this must be the case. Working men will think but little of medical service if it remains stationary, while everything else, including their own labour, is rising in value. There will always in large communities remain a class between paupers and club-patients which charity and even the interest of the medical profession require to be relieved through the medium of a dispensary. It will never be possible to draw sharp lines of discrimination between classes. But it is conceivable that something more could be done than has yet been effected. It is the misfortune of these institutions to be perfectly isolated and independent. There is no conference of officers of different dispensaries, no comparing of different plans. Surely there might be. And in the interest of the general practitioner on the one hand, and with a view to the greater efficiency of dispensaries on the other, we suggest that there should be.

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SIR WILLIAM LAWRENCE was the last of a class of surgeons whose names are intimately associated with the progress of British surgery during the last half century. By the original vigour of his intellect, by his high talents, and by his vast erudition, he was indeed a remarkable man. Separating his surgical from his political career, in the medical profession his memory is entitled to the highest respect, not only from his countrymen, but in every part of the world where surgery is practised as a science and an art. If we lament—and we must—his inconsistency as a social reformer, we cannot but admire the high qualities which he possessed as a surgical practitioner. If LAWRENCE in early life had unusual advantages, he made use of them to the utmost; but these would never have elevated him into the high position which he held if he had not possessed courage, perseverance, and ability of the highest order. We have been compelled to speak of him, however, in both the characters which he sustained; and it would have been a consolation if his consistency had been equal to his power, and if he had not sacrificed the public welfare to his private interests. We can make allowances for statesmen who, on assuming the responsibilities of office, are forced by "the inexorable logic of facts" to modify their opinions; but there is no such excuse in the case of Sir WM. LAWRENCE. It is impossible to suppose that a man of his sagacity and knowledge was not fully impressed with the grave importance of the questions which he advocated in early life. Had he acted upon those principles with the courage and consistency which he subsequently exhibited in regard to others, what a benefactor might he not have been to his profession. When elected to the Council of the College of Surgeons, had he brought his influence to bear upon the question of reform, what heartburnings, what struggles, and what years of agitation might have been spared us! But he chose an opposite course, and became not only a conservative, but an obstructive, in every way and at all times, of improvement in a corporation which was notoriously the worst governed and the most exclusive oligarchy in the kingdom. He lived to see that institution change its character, and become almost democratic. It is remarkable that his last days were those in which an election took place which ousted from office gentlemen who had been elected on principles for which he had fought for nearly half a century.

It is unnecessary "to point the moral" which the career of this great surgeon must suggest to every mind; but the grave has closed over him—"Requiescat in pace."

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# Medical Annotations.

"Ne quid nimis."

## THE MEDICAL "TWO THOUSAND."

IT is long since any contest was provoked which could have excited such a *furore*, in the medical world, as that which will be stirred by the appearance, for several days past, of a remarkable advertisement in the journals. "A gentleman, who has lately recovered from a serious illness"—and we have ascertained beyond doubt that the gentleman is not a myth, but a most real and substantial person,—has declared his readiness to pay the munificent reward of £2000 to any person who, between the present time and the 1st of July, 1868, shall discover a mode of *permanently* and completely extinguishing pain in all, or nearly all, cases; the said means being "effectual, harmless, cheap, and easy to apply." Should no such discovery be made, £1000 will be given as awards to such persons as shall have made "discoveries of minor importance, but yet of great service in the relief of pain."

We are not of the opinion that money can do everything, and therefore, while we estimate at its full worth the princely generosity and the public spirit which dictate this offer, we cannot but fear that its larger object is destined not to be attained. The struggle for this great prize, however, can hardly fail to be at once highly exciting and, unlike the "two thousand" of the turf, extremely beneficial to suffering human nature. We have long been of opinion that enormous improvements in the art of solacing pain might be effected, and especially in the direction of the *permanence* of action of remedies; and we have been surprised that no one has followed up the highly suggestive discovery, made not long ago, that the use of morphia will greatly prolong the anæsthetic state induced by chloroform. In fact, the combination of different anodynes, although it has been made the subject of a host of mere empirical experiments, has never been scientifically investigated; but there is a far greater chance of this being done now, since there are so many different channels open to us by which we may introduce remedies into the organism.

One thing we may venture to predict with some confidence. A remedy which is to fulfil the conditions which the donor of the prize lays down will not be found among the anæsthetics, at least when given in truly narcotic doses, as chloroform is given for the temporary purposes of surgery. It is plainly impossible, in the case of painful chronic disease, to apply continuously, through weeks or months, a process which must depend for its efficacy on the complete *paralysis* of the function of sensory nerves. The problem really is to find something which will raise the oppressed vitality of suffering nerves above that low level at which pain begins to be felt. Narcosis is at all times a clumsy and inartistic process for relieving pain, and is only justifiable when used as a momentary sacrifice in emergencies where a temporary remission of suffering is all-important and must be obtained at any price.

We may remind all those aspirants whom it concerns, that the competing essays must be legibly written in the English language, and addressed to "A. Z., Esq., care of the secretary of the London Hospital, E." A committee of judges is to be appointed from among the leading hospital staffs of London, and the decision of these gentlemen is to be final on all disputed points. We need hardly say that the selection of this committee will be a matter of much importance and of some difficulty. We trust that it will be so carried out as to ensure full confidence among the candidates and the profession at large, both of the competency and the rigid impartiality of those to whom the decision is entrusted.

## THE CERTIFICATION OF LUNATICS AT POLICE-COURTS.

ABOUT two years ago we called attention to the absurdity and inconvenience of the existing practice of taking lunatics, who require removal from a workhouse to a county asylum, before a police magistrate for certification. We pointed out that a magistrate who happened to be a self-opinionated person, valuing himself precisely on those accomplishments which he did not and could not possess, would be likely to set his opinion, on such a question as that of the sanity or insanity of a pauper, above that of the workhouse surgeon. A striking instance was then given of the vexatious and even dangerous delay which might thus occur in the removal of a troublesome lunatic from the workhouse, where there was no suitable accommodation for him, to the county asylum, where he might be properly treated and possibly cured.

Now we are far from suggesting that there is only *one* magistrate in London who would be capable of this kind of bumptious obstinacy, if he were taken in one of his more exalted moods. Still, it is curious to find that the very same official whose conduct in a case of this kind suggested our former remarks upon the subject has just committed himself to another piece of vexatious folly of the same nature. One is tempted to think that there is something special in the character of Mr. Vaughan, of Bow-street: we mean in his judicial character. To this magistrate, swelling with the dignity of office, there entered, one day lately, the surgeon of the Strand Union Workhouse, bringing with him a most undoubted pauper lunatic, who had already been sent to Hanwell, recognised there as insane, and merely remitted to the workhouse for a technical emendation of his certificates: a man, in fact, with fixed delusions, and altogether in a state which rendered his removal to the asylum a matter of pressing necessity. "Your Worship," says Dr. Rogers, "this man is undoubtedly and dangerously mad, and ought to be removed to Hanwell;" and he gives circumstantial evidence sufficiently establishing the fact. "What, what!" says Mr. Vaughan; "you say this man's mad? Let me look at him. He's not mad at all; he's as sane as anyone. Turn him loose at once, or take him back to the workhouse." Such was the sense, though not the exact words, of the application and the refusal. Naturally, it was with much dismay and disgust that Dr. Rogers took his patient back to the workhouse. It appeared, after a great deal of circumlocution and trouble (including a short passage of arms with the Strand Board of Guardians, who managed to find a congenial opportunity of insulting their medical officer, and proving their own entire ignorance of the matter in hand), that there was nothing for it but to go through the same wearisome process over again, in the doubtful hope that his majesty of Bow-street might be found in a happier and less contradictious temper. The doctor, however, asked the Commissioners in Lunacy to come to see the patient, which they did. They soon convinced themselves that he was mad, and ordered him, on their own authority, to be sent to Hanwell. But on the night before his intended removal the madman slipped away from his attendant, skipped up to the roof of the buildings at the rear of the workhouse, and leaped down twenty feet into the street. With more than the proverbial luck of madmen and drunkards, he did not hurt himself, and got off scot free, not being recaptured for several days.

These facts strongly appeal to the Commissioners in Lunacy to procure immediate legislation in Parliament which shall do away with this mischievous anomaly of the certification of lunatics by magistrates who know nothing about insanity.

## THE GRESHAM LECTURES.

THE election of a Professor of Medicine in the Gresham College terminated last week in favour of Dr. E. Symes Thompson, who received eight out of the ten votes by which the matter was decided. The other candidates were Drs. Radcliffe, Richardson, Headland, Davies, Leared, Southey, Pye-Smith, Addison, Barrett, and James. When the College was founded 300 years ago, Sir Thomas Gresham ordered that lectures should be given on Divinity, Astronomy, Music, Geometry, Roman Law, Physic, and Rhetoric; and professors are accordingly appointed for each course. The lectures have hitherto been given in Latin and in English in the morning, but the English lectures are in future to be delivered in the evening.

The Gresham College may very well follow the example set by the College of Physicians and do away altogether with the delivery of lectures in a tongue which is perfectly unintelligible to the majority of hearers, and consequently involves so much waste of brains and time. Dr. Symes Thompson, we are glad to hear, intends to make his lectures on physic, which commence in Michaelmas term, of some use by dealing with questions of sanitary science and hygiene in a semi-popular style. It may be mentioned by the way, that the College at the corner of Gresham-street and Basinghall-street was rebuilt in 1843; and that it was Sir Thomas Gresham who built the first Royal Exchange, and enabled by his aid the "good Queen Bess" to become the first borrower of a loan in the London market.

## THE GOVERNMENT AND ARMY SURGEONS.

THERE is not much to be said on the subject of the recent conversation in the House on the medical officers of the army. Sir John Pakington, in delivering himself of the matter in which he had been "coached up," spoke in his usual conciliatory language, and gave the service at least fair words. The Secretary for War was able to say, with a certain amount of truth, that some of the recommendations of the late Committee have been carried out. The service has now had time to see the exact value of the said "recommendations." A moderate increase of pay was recommended, and has been conceded. Substantially, this is all that came out of this inquiry. The Commission admitted that in many instances medical officers did not find that their proper position according to rank was given in certain social arrangements at mess. They admitted the reality of the grievance, but, instead of a recommendation to have this put to rights, they proposed that, the first place being, as a matter of course, given to the commanding officer, there should be no second place. The effect of this is to leave the question exactly where they found it. No order has been issued by the Horse Guards on the subject, and so long as this is the case, the mere recommendation goes for nothing; and, in point of fact, so it is. In some regiments, just as it was before, the surgeons take the place of honour according to relative rank and date of commission; in others, their relative rank does not carry with it the social precedence distinctly conveyed by her Majesty's Warrant. So it is with every other point. The Committee advise, in one sentence, that on mixed boards medical officers should have their places according to relative rank; in the next, they advise that mixed boards should be done away with. Now, as no order has yet

been promulgated doing away with mixed boards, it is competent for any general officer to order a mixed board to assemble to-morrow; and, as no fresh orders have been issued, the old question as to the place of medical officers on such boards would immediately arise.

The civil members of the Committee of Inquiry into the case of the Medical Officers of the Army and Navy made a stout fight for their military brethren, and are evidently under the impression that they gained a great many concessions; but, as is now well known throughout the service, the above is the full extent of the gain.

## CATTLE VERSUS MEN.

DR. WHITMORE, in his monthly report for June on the health of Marylebone, gives a striking instance of the effect of applying *verbatim et literatim* a general order of the Privy Council under circumstances which could hardly have come within the contemplation of their lordships. Everybody knows that the offensive effluvia arising from large accumulations of manure are inimical to health, and especially when confined in thickly populated localities. An outbreak of cattle plague having occurred in Malthouse-mews, Lisson-grove, this and an adjoining mews, containing together 60 cows and from 80 to 90 horses, were promptly declared to be an "infected district," and a *cordon sanitaire* was placed around it. Policemen stationed at the different outlets prevented the removal of all manure, offal, fodder, hay, straw, and everything that might be supposed to convey infection; the result being that in a very short time immense heaps of manure had accumulated. The orders of the Privy Council are very stringent in requiring all infected manure to be first disinfected and afterwards destroyed on the premises, but no provision is made for its removal (of course after disinfection) for destruction when it is obviously impossible in confined and ill-ventilated places to burn it. Dr. Whitmore soon found that, however necessary these precautions may have been in the interests of the cattle, they were becoming most dangerous to the health of the 149 men, women, and children who resided in these mews. After the interval of a few days, sickness and diarrhœa broke out amongst them, attacking 61 of their number; and it was not until twelve days had elapsed that, after an expenditure of much time and trouble, Dr. Whitmore was able to get the manure, which had caused the mischief, removed. Had it been allowed to remain a few days longer he believes that fatal consequences would have ensued. As it was, the nuisance had become so intolerable that for nearly a fortnight many of the inhabitants were positively compelled to take their meals in some neighbouring street where the horrible effluvia from the decomposing animal excreta had not penetrated. Dr. Whitmore therefore urges that facilities should be given to local authorities for the removal of manure &c. from infected sheds and mews situated in crowded localities, as there could be no difficulty in securing entire disinfection previous to its removal to some appropriate place where it might be effectually and safely destroyed. This is so reasonable that we cannot but express our astonishment that there should be need to urge it upon anybody, much less upon the chief sanitary office of the kingdom.

## THE ARMY MEDICAL DEPARTMENT.

WE are glad to be able to say that, amid much that is yet unsatisfactory in the condition of the Army medical officers, the new Director-General, Dr. Logan, appears to be in earnest in his office, and to have the interest and welfare of the medical department at heart. He has already made important changes which will give great satisfaction. He has effected—though not quite entirely—the abolition of confidential reports. Nothing could be more offensive than such a system of secret reports. It was degrading to both the reporter and those reported on. There was a secrecy about it which almost encouraged malice and pique. Accordingly, it has been one of the standing grievances of the medical service since its introduction, and the removal of it redounds to the credit of Dr. Logan. Another change—partly due to the recommendations of the late Committee—which will tend to gratify the department is the alteration in this month's "Army List," consisting in the insertion of the actual relative rank held by all the medical officers of the army. This is a great improvement in the "Army List." To be complete, however, the statement of the rank of surgeons and assistant-surgeons should be given in the staff list at the foot of the list of officers of the different regiments. This is the place where the statement of the rank of medical officers is most required, and where alone it is apt to be seen by ordinary readers. This, however, is a matter of detail. We gladly record these changes as not only valuable in themselves, but still more valuable as indications that Dr. Logan understands the feelings of his medical subordinates, and is disposed to use his influence in procuring just concessions to them. There are other changes needed, which may be accomplished with little cost to the nation, and with much satisfaction to the medical department—as, for example, in the point of dress. Dr. Logan has already done well, and we have faith that he will soon acquire the confidence and gratitude of the department.

## THE PROFESSION AND THE PHARMACOPŒIA.

THE notification of the official publication of the new Pharmacopœia of 1867, which appeared in the *London Gazette* of June 14th, conveyed a legal authority for it to supersede all other Pharmacopœias in use in the kingdom. What steps have been taken to carry this into effect? The work itself has received unqualified praise from all quarters, and therefore its reception as the universal guide to prescribers and compounders of medicine offers no difficulty. Very much confusion has existed by the use of the formulæ of different Pharmacopœias, and the sooner those of the new work are adopted by the profession the better. The Pharmaceutical Society has very judiciously issued a circular advising pharmaceutists to offer every facility, and to second the profession, in the substitution of old Pharmacopœias by the new one, and thereby secure a uniformity of practice. The circular states that "some prescribers may still prefer the old 'London' preparations, and it will be our duty faithfully to carry out their wishes; but it is hoped that in such cases there will be specific indication given in the prescriptions for our guidance; and it should be an understanding that, in the absence of such indication, we invariably obey the instructions of the now only legal Pharmacopœia—namely, that of 1867." Such a course, it is stated, will serve to expedite the transition, which will, when accomplished, by bringing London, Edinburgh, and Dublin into uniformity, be a great good. Uniformity of practice in the matter of prescribing is a very great desideratum, as economising the time and trouble of the pharmaceutist, tending to the prevention of accident and error in the compounding of medicines, and affording a much clearer insight into the therapeutical value and action of remedies. We trust, therefore, that the profession will lend its best endeavours to bring the new Pharmacopœia into universal use.

## INVALIDS IN THE SERVICE.

OUR attention has been again called to a matter of some little importance as affecting the efficiency of the rank and file of the army. We boast of the "physique" and enduring powers of our soldiers, and these are guaranteed in great measure by the scrupulous care which we believe is exercised in refusing admittance into the army of those who are weakened by disease, or are naturally deficient in the elements of a healthy constitution. If recruits are scarce, and men are wanted in any number, there is a tendency to "pass" those who are of doubtful capacity, and to put a less grave construction

upon ailments that have before sufficed to exclude a man from military service. A high efficiency as regards working powers of an army depends essentially upon the rejection of men who *may* be likely to succumb to physical exertion or to disease, to which they are sure to be exposed, all of which a thoroughly healthy recruit would generally resist. There is an evident tendency at the present time, encouraged by the demands of the service for men, to pay too little regard to the opinion of the regimental surgeon. In cases of sickness, if the surgeon does not pass men, they are now ordered before a board tacitly encouraged to pass everything with two legs, and it is now not unfrequently the case that the men go back to their regiments to live half of their time in hospital. The particulars of a case of this kind are in our possession. A man who has been in hospital about thirty times for syphilis, dysentery, diarrhœa, and other ailments, has been rejected by his surgeon, but he is yet recommended as fit for another eight or nine years' service in India. Such a man will knock up on the least exertion, putting the nation to very considerable expense, far beyond that involved in his pension. It must be evident that the surgeons are by far the best judges of the men of their own regiment; and the system of superseding their deliberate opinions, backed as they are by "the medical history sheet," in which the fullest details of illnesses are recorded, by the inquiry of a board, is one that should be most carefully avoided, otherwise it will lead not only to discontent on the part of the regimental surgeons, who have a right to resent the slur cast upon them, but to very serious injury to the efficiency of he service.

## KING'S COLLEGE HOSPITAL.

THE question of establishing additional special departments in King's College Hospital has not yet, we believe, been finally decided by the authorities of that institution. Some few weeks ago the Medical Committee, as we have previously mentioned, considered that two departments, one for the treatment of skin diseases and the other for affections of the throat, might be established with benefit to the school. This was recommended to the Committee of Management, but was not at first received by that body with very great favour, as there was among the members an opposition to the idea of splitting up the clinical department of the hospital into many small and special sections, and also an opinion that the fitting up of a ward for patients suffering from skin diseases would entail considerable expense. We learn, however, that it has been decided that at the commencement of the next winter session increased facilities shall be afforded to students for acquiring some knowledge of skin disease in the wards and lecture-room of the hospital.

## STILL-BORN.

FOREIGN statistics are frequently useful in throwing light on physiological and social problems, concerning which our own country supplies no reliable information. In England the still-born are not accounted for in our official records, and medical statists have been for years, but hitherto unsuccessfully, urging upon successive Governments the importance, as well on moral as on scientific grounds, of ascertaining the frequency of still-birth. The Acts which the Registrar-General administers are admittedly imperfect, and it certainly seems therefore desirable that their amendment should not be too long deferred, and that the registration of the still-born should become part of our domestic polity. In Italy 14,209 *mort-nés* were registered out of an aggregate of 845,454 births in 1864; and of these 8269 were masculine, and 5940 feminine. The two sexes were still-born in the proportion of 138 males to 100 females. To 100 births the number of the legitimate still-born is 1·85; of illegitimates, 6·59; of children found exposed, 2·61; and for all categories of children, 1·94, which, with the exception of Austria, is the lowest proportion of still-born to total births in any European state. In the Netherlands the still-birth ratio is 5·64 per cent.; in Belgium, 4·72 per cent.; in France, 4·63 per cent.; in Saxony, 4·49 per cent.; in Norway, 4·46 per cent.; in Prussia, 4·33 per cent.; in Hanover, 4 per cent.; in Bavaria, 3·74 per cent.; and in Austria, 1·64 per cent.

## MERCURY BEFORE THE SURGICAL SOCIETY OF PARIS.

IT has been the fashion within the last few years to revive the attacks to which at different periods mercury has been subjected. Many have thought they dealt the metal a death-blow, but it ever remains trusty *quicksilver*. The London attacks have been, however, of a different character from those of Paris. With us the burden of the clamour has been the dreadful havoc caused by the administration of mercury; in France it has mainly been contended that mercury does not cure syphilis. No difference of opinion exists on these heads between the respective camps in the two capitals; for those who freely use frictions, fomentations, or bichloride, are fully aware that indiscriminate use may do mischief, and that syphilis is not in all cases uprooted by the drug. But they maintain that a reasonable course does no harm, and that syphilitic symptoms are, without the least doubt, considerably influenced by such a course. And they say very justly, if it is conceded that manifestations vanish more quickly by the use of mercury than by the expectant plan, it must be allowed that the metal has a direct influence on the disease. If so, why withhold it?

But the discussion at the Surgical Society of Paris is closed. Eloquent speeches have been delivered, telling statistics have been put forward and disputed, talented champions have fought on either side, and no one has been converted. One circumstance has, however, been somewhat neglected—viz., the peculiarities of the patients themselves. Rules were made too general: the tonic treatment was cried up even for robust patients, and the mercurial for debilitated individuals. Nor was sufficient attention paid to the numerous idiosyncrasies of patients, which none but those having a practised eye and clinical acumen can discover.

## THE PLAGUE IN ASIA MINOR.

THE latest news from the East would lead to the conclusion that the pestilential disease which has recently prevailed most fatally among the Arab tribes in the marshes of Hindee (Lake Hindijeh?), south of Kerbela, in the valley of the Euphrates, is veritable *plague*. The disease is described as commencing with symptoms of high fever. There is intense thirst; delirium quickly supervenes; the eyes are bloodshot; the tongue covered with a white fur; the parotid, axillary, and inguinal glands swell; carbuncles appear in various parts of the body; and petechiæ accompany or follow their manifestation. During the past winter and spring the district in which the outbreak has occurred was subjected to extensive floods, and the tribes were exposed to great suffering and privation. At the first it was hoped that the malady was a malignant remittent, but the symptoms described indicate true plague.

## THE NAVAL MEDICAL SERVICE.

IN continuation of our remarks respecting the gradual decrease in the number of naval assistant-surgeons, we append a list of the number of those officers for each quarter of the last three years:—On the 1st of October, 1864, there were 311; 1st Jan. 1865, 302; 1st April, 290; 1st July, 285; 1st Oct., 279; 1st Jan. 1866, 272; 1st April, 270; 1st July, 259; 1st Oct., 251; 1st Jan. 1867, 251; 1st April, 250; 1st July, 238.

The senior assistant-surgeon qualified for promotion belongs to the year 1847; but his is an exceptional case, as he might

have been promoted many years since had he qualified at the proper time. The next senior is of 1854, and then come a number of officers belonging to 1856; so that their promotion cannot be much longer delayed, and the list will consequently very shortly undergo a still further diminution. The authorities have been but little more successful this month than heretofore in obtaining recruits; since of five candidates, only three succeeded in passing.

Of the assistant-surgeons who quit the service after two or three years, some, no doubt, settle down in practice, in which there are higher prizes for the industrious, and freedom from the routine life of a public service and from the galling yoke of incessant command. Others, we know, enter themselves for the sister service, either in the British or the Indian army.

## SPECIAL DEPARTMENTS.

KEENLY alive to the many evils of the prevailing profusion of special hospitals, which involves so much waste of public money and damages the clinical value of our general hospitals, we have repeatedly pointed out in our columns the best means by which a check may be put to the mischievous fashion. The foundation of special departments at our general hospitals is one of them, and, fairly carried out, it would cut away the chief ground upon which is founded the supposed necessity for the erection of independent buildings for the treatment of peculiar maladies apart from others. The mode in which this means is being adopted, however, altogether fails to effect the good desired. The formation of additional departments ought to involve enlargement of the staff of the general hospitals, already fully worked. Some hospitals have outgrown their staffs; yet, in several recent appointments that have been made, additional tasks have been imposed upon the junior officers, who cannot under the circumstances pay that serious attention to individual cases which the governors of the charities have a right to expect will be given. Disease plays by far too sad a havoc with the poor for us not to sift with the acutest attention its workings and its haunts; and no one can visit any of the out-patients' departments without at once experiencing the truth of these assertions. At the present time there are instances at hospitals where one man holds a lectureship, the post of a general officer, and even more than one specialty besides. This is most detrimental to the good of a clinical hospital. We hope that the authorities of schools and hospitals will at once put a stop to a system which, in other instances, tends inevitably to the manufacture of "pocket boroughs." If the calibre of the hospital staffs were amplified, a neglected subject would rather receive due attention at the hands of a master to the advantage of a student, than, as is too often the case, a passable interpretation from one who is really a learner in its elementary truths, and brings no special knowledge or research to his aid.

## THE SERJEANT SURGEONCY.

No definite announcement has yet been made respecting Sir William Lawrence's successor as serjeant-surgeon to the Queen. There can, however, be but one opinion in the profession as to the most worthy recipient of the dignity which has always been reserved for the leaders of the surgical world. Should the honour be conferred as anticipated, the authorities will then have the delicate task of selecting a worthy successor to the post of Surgeon Extraordinary to the Queen, which will thus be vacated, and for which more than one eminent surgeon has good claims.

## PRINCE AND PRINCESS LOUIS OF HESSE AT THE GERMAN HOSPITAL.

THEIR Royal Highnesses completed their nosocomial tour in London by visiting this hospital, for which these illustrious personages might naturally feel much sympathy. Princess Alice was received at the German Hospital, Dalston, on Friday, July 5th, by Dr. Walbaum, who acts both as chaplain and honorary secretary; and her Royal Highness was conducted through the wards of this newly erected, handsome, and favourably situated institution by the resident physicians. Princess Alice, with much condescension, addressed many patients in their native language, inquiring most kindly concerning their native country and their ailments. Their Royal Highnesses made minute inquiries respecting the arrangements of the hospital, and expressed themselves highly satisfied with the general aspect of neatness and well-being pervading the charity.

## THE MEDICAL TEACHERS' ASSOCIATION.

THE committee appointed by the general meeting of the Medical Teachers' Association has drawn up a series of bye-laws for its guidance, which will be submitted to the Association for approval on Monday next, at a meeting to be held at the Royal Medical Benevolent College, Soho-square, at eight o'clock. As the election of the president and other officers will take place on that occasion, it is encumbent upon all who take an interest in the welfare of the Association to be present. On that account we regret the removal of the meeting from the rooms of the Medico-Chirurgical Society in Berners-street, which are infinitely more commodious than the board-room in Soho-square.

## HEALTH OF LONDON.

THE Registrar-General's Return continues to show a low rate of mortality, the deaths last week having been 109 less than the corrected average number. Small-pox caused 31 deaths (against 19 and 15 in the two preceding weeks), measles 22, scarlatina 19, and typhus 45. Four deaths from "choleraic diarrhœa," 2 from "English cholera" (both of twenty-four hours' duration), and 54 from diarrhœa were recorded. One death (son of a labourer, aged six years) is returned from Kensington, as "purpura fever (three days), cerebro-spinal typhus"; and another (son of a printer's pressman, aged seven years) from Holborn, as "cerebro-spinal meningitis (seven days), with purple spots (thirty hours)." One of the cases of diarrhœa is thus returned: "diarrhœa (three days), rice water, vomiting, and purging; collapse (twelve hours)."

## QUARANTINE.

WE hear from the East that arrivals from several of the ports in the Mediterranean are put into quarantine at their ports of destination. The ships from a great many of the Italian ports come under this vexatious detention on their arrival in Greek waters. We also learn that the authorities at Trieste have quarantined vessels from Catania and from Tunis.

AT the meeting of the Council of the College of Surgeons on Thursday last the annual election of president and vice-presidents took place; Mr. John Hilton, F.R.S., being elected president, and Messrs. Quain and Cock vice-presidents, for the ensuing year.

AT the Comitia Extraordinaria of the College of Physicians on Wednesday last a discussion arose upon some important changes in the bye-laws proposed by the Council. The debate arose on the question whether the present length of study at a recognised school demanded by the College of the candidates for the licentiateship should be reduced. The point itself is of great importance, and considerable opposition was manifested towards the proposition of the Council. We shall feel it to be our duty again to refer to the subject.

THE several Orders in Council passed in conjunction with the putting in force the provisions of the Diseases Prevention Act were last Monday continued in operation for a further period of

six months from the date of the orders. This continuance of the provisions includes the directions and regulations drawn up by the Privy Council last July, when the Diseases Prevention Act was put into operation.

THE Society for the Prevention of Cruelty to Animals, desirous of showing their appreciation of the scientific attainments of Dr. B. W. Richardson, and especially of his labours in the cause of humanity by the discovery of the method of producing local anæsthesia, have voted a sum of £25 to be added to the subscription list of the "Richardson Testimonial Fund," or devoted to the purchase of a special presentation object, should that be thought preferable.

MR. HARRY LEACH gives an additional reason why the Admiralty should not delay its determination in reference to its decision in the matter of the suggested apportionment of Greenwich Hospital for the use of the Seamen's Hospital Society. He points out that the poor sick seamen on board the *Dreadnought* are harassed and tormented by the incessant din of hammers at work upon the ironclads in the river, and that the practice of medicine is carried on here under circumstances of difficulty such as exist in no other metropolitan hospital. And we cannot but think, with him, that this fact should, in the interests of mercy as well as of justice, tend to hasten the solution of this question at Whitehall.

A NEW Society, under the title of the Norfolk and Norwich Medico-Chirurgical Society, held its first meeting on Tuesday, July 2nd, at the Norfolk and Norwich Hospital, under the presidency of Dr. Eade, who delivered an able address. Numerous specimens of interest were then exhibited, and remarks made on them by the exhibitors and members. Dr. Crowfoot introduced a peculiar case of diseased kidney; and Mr. C. Williams read a paper on parasitic diseases in connexion with uncooked meat, such as pork &c., and gave an interesting account of the "staggers" in sheep and their causes. In the evening the first annual dinner was held at the Norfolk Hotel.

THE University of London will in all probability take up its temporary abode at 17, Savile-row, until its new building is completed. Building operations will be recommenced at once, and it is believed that it will be possible to hold the examinations next summer in the new structure, though the "offices" of the University will probably not be completed till a much later date.

THE *Builder* reports a case under the Metropolitan Building Act, in which a builder of four houses in Mile-end Old-town was charged by the district surveyor with not allowing the necessary open space in the rear of the said houses—100 square feet. The magistrate—Mr. Partridge, of the Thames Police-court—decided that Section 29 of the Act had not been complied with; and ordered the necessary alterations to be made within a fortnight.

DR. ROBERTSON, of Brixton, has been appointed one of the magistrates of the district. The local press observes that this is an appointment on which the inhabitants of Brixton may be congratulated; for Dr. Robertson's long connexion with the place, combined with the intelligent tact and energy he brings to bear on everything he undertakes, will render his services of great public utility.

DR. MILLER, F.R.S., is to be put forward tentatively as the selected candidate of the Liberal-Conservative party of the University of London. There is, however, an increasing desire on the part of the medical graduates to support Mr. Lowe. The "Liberal party" have decided to cease all agitation until next spring.

ON Saturday last the Council of University College appointed Dr. Russell Reynolds to the Professorship of the Principles and Practice of Medicine. The Holme Professorship of Clinical Medicine was declared vacant. The following gentlemen, who have distinguished themselves as Graduates in Medicine at the University of London, were appointed Fellows of the College:—Dr. Tilbury Fox, Prof. Wilson Fox, Prof. Grailly Hewitt, Dr. H. Maudsley, and Prof. Ringer.

A CORRESPONDENT has forwarded to our contemporary, the *Standard*, an extract from the letter of one of the consuls on the West Coast of Africa, which pictures the miserable condition of the ships' crews which arrive at Benin, in consequence of the deficient supply of antiscorbutics; and he cites the facts to exemplify the necessity for at once putting the provisions of the Duke of Richmond's Bill into active operation.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund held on the 9th inst., Sir Edward Hilditch, Inspector-General, in the chair, the sum of £85 was distributed among the various claimants.

DR. DE LISLE ALLEN has this year again been appointed surgeon to the National Artillery Association Camp at Shoeburyness. The camp will open on the 25th of the present month, and close on the 3rd of August.

A PUBLIC distribution of prizes to the students of the Charing-cross Hospital and Medical College will take place on Friday next, the 19th inst., at three P.M.

AT a recent meeting of the Council of the London Hospital, Dr. Morell Mackenzie was appointed to give a special course of lectures every year on the Laryngoscope and Diseases of the Throat.

## THE CHOLERA.

WITH the advancing summer, the prevalence of cholera in various districts of both hemispheres again compels attention. Since the close of the past year the disease has never entirely died out. At the beginning of the new year, the epidemic was reported to be still prevailing more or less at Brindisi, on the Adriatic shores of South Italy, and in the vicinity; and the latest news shows that the malady is again extending widely in that locality. During the whole of January the epidemic was more or less prevalent in St. Petersburg. The disease, indeed, had almost disappeared from this city at the close of autumn, but it augmented in amount as the cold of the winter increased. In February several cases were reported. Early in February, also, cholera reappeared at Lublin, in Poland; and a recent letter from Warsaw speaks of the recrudescence of the disease during the past month in that city.

In Northern Italy cholera again broke out during the past winter. It first appeared amongst the troops who had returned from Venetia. From the 7th of February to the 27th of May there were 565 cases in the province of Bergamo, of which 362 were fatal. The cases were distributed in the towns and districts of Bergamo, Treviglio, and Chisone. In May the disease appeared at Brescia and Chiari, in the province of the former name; and from the 18th to the 28th of the month attacked 64 persons, killing 27. Within the same period, also, it attacked 11 persons at Castiglione d'Adda, in the province of Milan, of whom 6 died.

In April an outbreak of cholera occurred at Reci, a village situated about ten miles from the sea, on the river Bojana, in Albania. Early in May, prior to the 20th, the disease broke out in Tunis. The cases are reported to have proved numerous in the port, and the malady is said to be somewhat widely disseminated in the province. Early in June, cases of

cholera were reported to have occurred in Civita Vecchia, and at a later date in Rome.

During May the epidemic spread in the province of Otranto, South Italy. It prevailed at San Vito, Ceglie, and, it is believed, other towns. San Vito has a population of 6000 souls, and is situated ten miles from Brindisi. During the month 283 cases and 36 deaths were reported. Ceglie, with a population of about 12,000, and situated thirty-six miles from Brindisi, returned in the same period 428 cases and 185 deaths. Several cases occurred also at Brindisi among persons who had come from the infected districts.

In June cholera broke out at Morlaix, and in other parts of the department of Finisterre, France. The disease is said to have been smouldering for some time in the Côtes du Nord.

In the western hemisphere cholera broke out in Nicaragua in January, introduced, it is reported, by troops from the United States. Somewhat later, Rio Janeiro was infected; and the malady was carried thence, it is reported, to Corrientes, Rosario, San Nicolas, San Pedro, Buenos Ayres, and Monte Video—all port towns. In Rosario we learn that between 490 and 500 deaths occurred in May. Orders have been issued for all the ports, previously closed, to be opened; and as commerce has been allowed to be entered into again, we suppose that the epidemic is considered at an end. It is stated that cholera had never before occurred in the Argentine Confederation. At Buenos Ayres the disease appeared late in March; and it is noted that it chiefly occurred among the population which drinks river water, that using water from cisterns (rain-water) escaping. The following is the return of deaths from the 3rd to the 25th of April:—

| | Deaths from cholera. | | Deaths from cholera. |
|---|---|---|---|
| April 3rd ... ... | 3 | April 15th ... ... | 79 |
| 4th ... ... | 9 | 16th ... ... | 75 |
| 5th ... ... | 12 | 17th ... ... | 77 |
| 6th ... ... | 29 | 18th ... ... | 96 |
| 7th ... ... | 18 | 19th ... ... | 149 |
| 8th ... ... | 24 | 20th ... ... | 102 |
| 9th ... ... | 27 | 21st ... ... | 103 |
| 10th ... ... | 22 | 22nd ... ... | 87 |
| 11th ... ... | 29 | 23rd ... ... | 93 |
| 12th ... ... | 60 | 24th ... ... | 80 |
| 13th ... ... | 54 | 25th ... ... | 58 |
| 14th ... ... | 53 | | |

The latest news states that cholera had almost entirely disappeared from Buenos Ayres and other ports of the republic.

The first cases in Monte Video occurred during the last week of March. The cases had not been numerous.

At the present moment cholera would appear to be spreading with more or less activity in Southern Italy, in Sicily, and in Tunis. It is probably showing signs of activity elsewhere on the Continent; and it may be mentioned that it is reported to be becoming active in some parts of Asia Minor, more particularly at Suleimanieh. The accounts from Sicily show that the island is suffering most severely. From the 11th to the 19th of June, 3801 attacks and 1558 deaths were reported at Girgenti; 1407 attacks and 586 deaths in Caltanisetta; and 23 attacks and 14 deaths in Mazzara.

# Correspondence.

"Audi alteram partem."

## THE ELECTION AT THE COLLEGE OF SURGEONS.

*To the Editor of* THE LANCET.

SIR,—Will you permit me to offer a few remarks suggested by the late election to the Council of the College of Surgeons.

I live "remote from town," but attended at Lincoln's-inn-fields on the 4th inst. to record my vote. I did so, like many others, at considerable inconvenience.

The complaint pretty generally made was, that it was really too bad not to allow all Fellows residing beyond a certain distance from town to vote by papers. Many would doubtless attend to vote, but in the case of others it might be extremely inconvenient to leave home, and all should have the choice of manner of voting. I trust the question will be brought prominently before the Council by some of the "new blood."

I advise all Fellows for the future to withhold their vote till the opinions of the candidates on this and on some other important matters be declared. Canvassing *now* takes place privately to a great extent, and will become the practice for time to come. It has already begun for the next year, and promises of votes have been recorded in support of candidates.

I am now going to find fault with the proceedings at the dinner. I know this will be considered very impertinent, and that "fools rush in where angels fear to tread"; however, I shall not be angry by being classed among the former if my temerity should produce a good result.

Medical men are not, as a rule, good speakers; but they often endeavour to supply the deficiency by being very "long winded." Of this latter compensation very many of the Fellows complained on Thursday, the 4th inst., and I think with great reason. The meeting is looked upon as one of social enjoyment, affording an opportunity of cultivating acquaintance with our brethren, and of interchanging ideas and opinions on matters interesting to us. Loyal, complimentary, and respectful we ought to be; but one's patience is sorely tried when an interesting conversation is interrupted by a call to listen to a reminder that the sun never sets on the Queen's dominions, that her Majesty is an exemplary queen, or to hear the corporations lauded at great length, when it is remembered, as regards these, that but for the powerful pressure of THE LANCET "progress" would never have been inscribed on the portals of either of them. I am aware that the physical power so necessary in addressing a large audience is not always associated with high professional position; but I am of opinion that where such qualification is wanting, even in those who claim our veneration and respect, it would be better that the painful strain to catch the words of the speaker should be of short continuance.

It would have been agreeable, only perhaps too vulgar, if the congratulations of the Fellows had been offered to the recently elected Councillors, and to have heard an exposition of their views and opinions on College affairs. Ten minutes to each would have sufficed for this, but eleven o'clock had arrived when scarcely half the toasts were got through; and the departure of the Fellows showed how little interest was taken in the proceedings.

These observations are made in no cynical or carping spirit, or as intending disrespect to the venerable speakers, but to offer a few hints for the guidance of the Committee of next year, so that these *réunions* may be rendered more agreeable and effective.—I am, Sir, your obedient servant,

LUTHER OWEN FOX, M.D., F.R.C.S.

Broughton, Winchester, July 8th, 1867.

*To the Editor of* THE LANCET.

SIR,—The votes of the Fellows of the College at the recent election of Councillors leave no ground for doubt that the opinion of the majority is opposed to Examiners having seats at the Council. It would, therefore, be a graceful act on the part of the Council—especially after the speech of Mr. Partridge at the dinner—if they honoured this feeling by passing a resolution that if a Councillor accepted the office of Examiner he should vacate his seat at the Council. A resolution of this kind is preferable to enacting that Examiners cannot be chosen from among the members of the Council: it is much fairer to those who, under the present system, have been looking forward to the office of Examiner, and have waited and worked to attain it; and it preserves to our use and benefit the services of several distinguished men, qualified equally by their character, ability, temper, and attainments, to reflect honour on the College and gain the confidence of the profession. If, at the same time, separate Examiners were appointed for the three principal subjects, Anatomy, Physiology, and Surgery, the Council would be advancing a long way towards meeting the wishes of the Fellows. It should be, and I believe most firmly that after the help we have given them it will be, the pride of the Council to recognise the signs of the times, and to facilitate those moderate changes which reason, speaking through the voice of the electors, suggests as necessary for the progress of our art.—I am, Sir, your obedient servant,

July 8th, 1867. WALTER RIVINGTON.

## CEREBRO-SPINAL MENINGITIS.

*To the Editor of* THE LANCET.

SIR,—I had a case of cerebro-spinal meningitis, with purple spots, under my care last week. I send you some of the particulars of it.

A. C——, aged seven years, of general good health, complained of a severe headache, vomiting, constipation, rigors, great heat of skin, with hyperæsthesia over the whole body, and quick pulse, on July 25th.

Till the 28th he continued in the same state, unrelieved by treatment (ice applied to the head increased the pain), when he became better; the vomiting and pain, with the other symptoms, very much abated. On the 29th he was sitting up in bed, taking beef-tea and wine. He continued better till twelve o'clock on the 30th, when he suddenly screamed out with pain in the head. Tetanic convulsions came on; the pupils were fully dilated, and the eye insensible to touch; the tongue slightly protruding from his mouth, and upon his extremities and back a purple rash. There were no petechiæ upon any part of his body. He died at six P.M. on July 1st. The family consists of eight persons, living in one room of little more than twelve feet. Has had very little vegetable food for some months back, living principally on rice, and at times a little meat. The gums were healthy and firm.

I remain yours respectfully,

Holborn-hill, July, 1867. THOS. CLARK, L.R.C.P. Edin.

## THE ELECTION OF FELLOWS AT THE COLLEGE OF PHYSICIANS.

*To the Editor of* THE LANCET.

SIR,—The thanks of the profession are due to you for your outspoken remarks on the late election of Fellows at the Royal College of Physicians. Happily, there is a widespread feeling of liberality on the subject amongst the Fellows themselves; and indications are not wanting that members whose just claims are annually ignored for no apparent reason except that dictated by the pleasure or caprice of the Council are no longer disposed to submit patiently. The mode of electing to the fellowship requires immediate alteration. If the Fellows take the initiative, it will be no less to their own credit than to the interest of a time-honoured institution. Should they not do so, reform will, sooner or later, come from without.

I am, Sir, your obedient servant,

July, 1867. JUSTITIA.

## REPRESENTATION OF THE LONDON UNIVERSITY.

*To the Editor of* THE LANCET.

SIR,—Some gentlemen, graduates of the London University, incited possibly by party political agents, have formed themselves into a party political committee, who have undertaken to select and press forward a candidate for the party representation of the University in Parliament as soon as it should be entitled to exercise the franchise. One respectable gentleman, a rising barrister, accepts their nomination to represent the Liberal party in the University, but does so with the reservation that his acceptation will not "divide the Liberal interest."

It thus appears that these gentlemen are of opinion that political party interest is the primary qualification for the representation of the University. Now I beg leave to ask whether this is properly so; whether it is becoming to the University that it should allow itself to be made an arena *primarily* for party conflicts between the buffs or the blues, or any other colour; whether mere party conflicts are not more befitting the pothouses of Marylebone than the halls of the University?—whether, indeed, the management of the Reform Bill, by either political party, has been so much to the taste of the graduates as men of education and science, as to make them followers of any party platform gladiators, even of the party to which probably the majority of the graduates belong, the Liberal party, as being hitherto the chief party of progress?

The franchise will, I apprehend, have been conferred upon the University as a seat of science. The primary interests of the University are, therefore, specially scientific interests; amongst other sciences, the science of legislation, and the science of administration, if it is ever to become a science, to which mere political party is repugnant. A large proportion of the members of the University are members of the medical profession. When we enter the houses of our patients, or go into society, do we not enter as men of science, and not as men of political party? Do we not feel political partisanship to be unbefitting us, and our science to be of superior, and common party political empiricism to be of inferior and subordinate, consideration?

The franchise is not yet conferred. It will be a year or more, according to accounts, before it can be exercised. Is it not unbecoming to the University to set the example to the other constituencies, in starting a race for party place at the instance of political party agents, in canvassing and securing votes primarily for party objects?

What we have to consider primarily is, I apprehend, not the interest of political party, but the interest of science, and the science which it behoves us of the medical profession in the interest of the public to promote, primarily and specially, is the science of hygiene, of the public health—primarily the science of prevention, secondarily that of cure or alleviation; and to these ends to vindicate the public position and functions of the professional practitioners in those sciences. This is what the public must expect of us, and will be obliged to us for in sending a specially qualified representative who is not likely to be sent by any one else. If we send only a mere voter for party, or a party political gladiator, a proficient in party tongue fence, who may be, indeed, of and sent by any other electoral body, this is what cannot be expected of us, and what the public will not be obliged to us for. There is time to consider and look about, not for eminence promised, but eminence attained that may be available; but we shall descry little in the direction to which political partisans, if we are to allow ourselves to be led by them, would confine our attention.

I remain, Sir, your obedient servant,

July 10th, 1867. ARTHUR H. HASSALL.

# Obituary.

## INSPECTOR-GENERAL DR. MACPHERSON,

PHYSICIAN-EXTRAORDINARY TO THE QUEEN.

IT is with much regret that we announce the death of this eminent military medical officer. Dr. Macpherson's health had been failing for some time past, and a curt telegram from India announces the bare fact of his decease, but gives no particulars of his last illness or death. Dr. Macpherson was to have been gazetted on the 1st of July President of the Madras Sanitary Commission, an office of high emolument and importance; so it was "proposed," but the event was otherwise "disposed," to the infinite regret of his friends and the irreparable loss of the public service.

Dr. Macpherson served with distinction during the first war in China under Lord Gough, of which he published an interesting account up to the date of his being compelled by ill-health to leave the scene of active operations. From that time until the breaking out of the war with Russia, Dr. Macpherson served chiefly with the Irregular Horse in the Hyderabad Contingent. The knowledge he thus acquired of the habits, customs, and prejudices of Mahomedan soldiers stood him in good stead in his next employment.

When it was determined to organise a Turkish Contingent force in British pay, Lord Panmure, then Secretary for War, at the earnest recommendation of Field-Marshal Lord Gough, appointed Dr. Macpherson to the important post of chief of the medical staff. In this position he proved himself a man of rare administrative talent, energy, and determination. He had to organise a medical staff out of such raw materials as he could pick up in the medical schools of the kingdom. Most of his recruits were young and inexperienced men who had everything to learn. In a surprisingly short time he organised the hospitals of the Contingent, which, to the end of the war, were "models of efficiency," and were so described by the highest living authority.

While at Kertch he found time to explore the antiquities of the place, and on his return to England published the result of his researches in an interesting and elegant volume, which added much to his reputation, and made his name well known outside his own profession.

On his return to India a fresh career of professional distinction was opened to him. The medical service of India having undergone a partial reorganisation, Dr. Macpherson was appointed inspector-general over the heads of a considerable number of his brother officers. This appointment gave great

offence. It was the first occasion on which the hitherto sacred rule of seniority had been broken, and as he superseded some men of merit, and a good many others of none, a cry arose, the echoes of which have hardly died away to this day. The new inspector-general entered on his duties, and at once began that long series of trying marches and tours of inspection, carried on without regard to season or weather, which ceased not until his health gave way under the strain. He minutely inspected every station, cantonment, barrack, and hospital within the enormous circle he traversed, pointed out every defect, natural and artificial, and suggested the proper remedy. He visited and explored the hill ranges of Southern India in search of stations where the British soldier could be located away from the heat and malaria of the plains, and sought out sanitaria on the sea-coast, where his health could be recruited. His was a real and not a nominal inspection; he searched out merit, and brought it to the notice of Government, and where he found sloth, incompetence, or neglect of sacred duty, he unflinchingly dragged the offenders into the light of day. His maxim was "Thorough," and in this spirit his work was done. Wherever he went he "spotted" in a moment what was amiss, and prescribed the remedy, not in the feeble and hesitating manner of a man who only half believes in the reality of his work, but with the authority of one who spoke with knowledge, earnest in his purpose, and determined to be heard. It is not too much to say that there was not a defect in military sanitation on which he did not put his finger, and, we venture to add, not an improvement now being carried out to better the condition of the British and native armies that he did not in one shape or another anticipate.

It is hardly necessary to add that his was not a peaceful career. No man can embark on such an enterprise as he undertook without encountering obstacles. His path was rugged and thorny, but he trod it bravely. The plain truth is, he was a man repugnant to official men who stood on the old ways and believed in the "wisdom of our ancestors." The whole Circumlocution office hated him cordially, and the Tadpoles and Tapirs of India waged war with him to the last.

On this part of our subject we forbear to dwell: let the remembrance of these unhappy differences be buried in his grave.

"After life's fitful fever, he sleeps well."

Those who knew the man and his work, and who looked for some more years of fruitful labour in the post he was about to fill, know the full extent of the loss the great cause of sanitary progress in India has sustained, and look anxiously around for one to fill his place. May such a man be found, who will labour with the earnestness and devotion to the public weal which distinguished the too short career of the one who has fallen.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Wednesday, the 10th inst., the following gentlemen, previously Members of the College, were duly admitted Fellows of the same:—

Bridges, John Henry, M.B. Oxon., Bradford, Yorkshire.
Clarke, John, M.D. St. Andrews, Hertford-street.
Groom, Geo. Thompson, M.D. Aberd., Upper Brook-street.
Russell, James, M.D. Lond., Birmingham.
Wardell, John Richard, M.D. Edin., Tunbridge Wells.
Waters, A. T. Houghton, M.D. St. Andrews, Liverpool.

At the same meeting, the following gentlemen were reported by the Examiners to have passed the primary examination for the Licence:—

William Beach Whitmore, Charles Edward Hoar, and Charles Tanfield Vashell, of King's College. Alfred Ashby, Peter Thomas Scott, William Prior Mallam, George William Shipman, Augustus Aldridge, William Howard Nicholls, and Edward Elphick, of Guy's Hospital. John Geo. Elliott Bolton, of University College. David Smart, William Bezley Thorne, John Thomas Hartill, Thomas Holbein Hendley, and Albert Frederick Field, of St. Bartholomew's Hospital. Augustus Constall Maybury, of St. Thomas's Hospital.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 4th:—

Brookes, Robert Charles, Westminster-bridge-road.
Flower, Thomas, Codford St. Peters, Wilts.
Foster, Charles William Ellis, Leeds.
Marsden, Charles, Ilminster, Somersetshire.
Pitt, Charles Wightwick, Malmesbury, Wilts.
Shaw, Henry Sissmore, South Mimms, N.
Wardleworth, John, Bury, Lancashire.

As Assistants in Compounding and Dispensing Medicines:—

Ross, Lewis Battle, Driffield, Yorkshire.
Woodstock, Charles Edmund, Woburn, Bedfordshire.

The following gentlemen also on the same day passed their first examination:—

Charles Wood, of University College Hospital. Edward Elphick, George Vawdrey, and Thomas Charles H. Spencer, of Guy's Hospital. Edward Swain, of Westminster Hospital. John F. W. Tatham, of the Sheffield Hospital.

THE "South London Press" says that Earl Spencer, as lord of the manor of Wandsworth, has undertaken to lay out the common as a public recreation ground on the termination of the present legal proceedings.

A BOY eight years of age, about to undergo the operation for strabismus, died at the Manchester Eye Infirmary from the effects of chloroform.

ONE of the soldiers who died on the march from Aldershot to Hounslow had disease of the heart, and fell from his horse. The other had two wires and cut his throat from ear to ear.

THE salmon of the Solway are dying in considerable numbers, it is supposed in consequence of sunstroke, or the sickening action of the sun upon the fish in shallow water.

ONE of the telegraph clerks on the Great Western Railway has been literally poisoned to death by foul air, pent up in the ill-ventilated room in which his duties were performed.

## MEDICAL APPOINTMENTS.

J. O. ADAMS, M.R.C.S.E., has been appointed Assistant Medical Officer at the City of London Lunatic Asylum, Stone, Kent, vice John Stuckey, M.R.C.S.E., resigned.

J. H. CASSON, M.R.C.S.E., has been appointed a Certifying Surgeon under the Factory Act, vice W. H. Fletcher, deceased.

J. FINLAYSON, M.B., has been appointed House-Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

J. GITTINS, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for St. Olave's Union, Southwark, vice Henry Lyell, M.R.C.S.E., resigned.

D. KELLY, M.R.C.S.E., has been elected Medical Officer to the Workhouse and Fever Hospital of the Mullingar Union, vice T. Curran, M.R.C.S.E., resigned from ill-health.

W. J. KIRBY, L.F.P. & S. Glas., has been appointed Medical Officer for the Bangor Dispensary District of the Belmullet Union, Co. Mayo, vice H. A. Gribbin, M.D., resigned.

O. T. MOLESEY, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Kent and Canterbury Hospital, vice P. E. Hill, M.R.C.S.E., resigned.

G. MOORE, L.R.C.P.Ed., has been appointed Junior Resident Surgeon to the Birmingham General Dispensary, vice E. Mackey, L.R.C.P.Ed., resigned.

G. PERCY, M.R.C.S.E., has been appointed Medical Officer for the Chawleigh District of the Crediton Union, Devon, vice J. C. Davy, M.R.C.S.E., resigned.

F. B. QUINLAN, M.B., has been appointed (*pro tem.*, pending appointment by Grand Jury of the City of Dublin in November next) Physician to the City of Dublin City Prison, vice A. P. Bance, M.D., deceased.

Mr. SOELBERG WELLS has been elected Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

W. J. WILLIAMS, M.D., has been appointed House-Surgeon to the North Riding Infirmary, Middlesborough-on-Tees, vice W. Young Veitch, L.R.C.P.Ed., resigned.

Mr. D. WILLS has been appointed Medical Officer for the Landport District of the Portsea Island Union, vice J. F. Allnutt, M.R.C.S.E., deceased.

W. WOODHOUSE, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Norwich District of St. Faith's Union, vice F. H. Orris, M.R.C.S.E., resigned.

### MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. ALGIN, Assist.-Surgeon R.N., has been appointed to the "Viper."

A. G. BAIN, L.R.C.P.Ed., Assist.-Surgeon R.N., has been appointed to the "Scrapis."

T. FULTON, M.D., Assist.-Surgeon R.N., has been appointed to the "St. George."

S. GOURLEY, M.D., has been appointed Assist.-Surgeon to the 4th Durham Artillery Volunteer Corps.

J. R. KENOR, L.R.C.S.I., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon Military Train, vice Macfadin, promoted on the Staff.

T. LIGERTWOOD, M.D., Surgeon 4th Hussars, has been appointed Surgeon to the 8th Hussars, vice Llewellyn, deceased.

D. M'CARTHY, Assist.-Surgeon R.N., has been appointed to the "Waterwitch."

F. H. MACFADIN, L.K.Q.C.P.I., Assist.-Surgeon Military Train, has been appointed Staff Surgeon, vice Smith, appointed to the 4th Hussars.

E. T. PALMER, L.R.C.S.Ed., Assist.-Surgeon Royal Artillery, has been appointed Staff Assist.-Surgeon, vice C. E. M. Shaw, M.R.C.S.E., who has exchanged.

R. C. SCOTT, M.R.C.S.E., Surgeon R.N., has been appointed to the "Victory" (additional).

D. S. SMITH, L.R.C.S.Ed., Staff Surgeon Army, has been appointed Surgeon to the 4th Hussars, vice T. Ligertwood, M.D., appointed to the 8th Hussars.

S. SWEETNAM, L.R.C.S.I., Assist.-Surgeon R.N., has been appointed to the "Ganges" for the "Liberty."

W. TEMPLE, M.B., Assist.-Surgeon Royal Artillery, has been appointed Staff Assist.-Surgeon Army, vice Cullen, promoted on the Staff.

# Births, Marriages, and Deaths.

## BIRTHS.

On the 13th ult., at Iver, Buckinghamshire, the wife of Surgeon James Glen, Bombay Medical Staff, of a son.
On the 2nd inst., at Cheltenham, the wife of Dr. N. Chevers, Bengal Army, of a son.
On the 2nd inst., at Gosport, the wife of J. R. Kealy, M.D., of a son.
On the 4th inst., the wife of Dr. Brushfield, of the Brookwood Asylum, Woking, Surrey, of a daughter.
On the 4th inst., at Abbotsford-place, Glasgow, the wife of A. L. Kelly, M.D., of a daughter.
On the 5th inst., at Granville-park, Blackheath, the wife of Arthur Roper, Surgeon, of a son.
On the 7th inst., at Lodbury-road, Bayswater, the wife of G. C. Dale, M.D., of a daughter.

## MARRIAGES.

On the 20th ult., at the Parish Church, Ringwood, Hants, Herbert Lucas, M.R.C.S.E., of Huntingdon, to Mary Tremenheere, eldest daughter of Henry Tremenheere Johns, Esq., of the Elms, Ringwood.—No Cards.
On the 4th inst., at Burton-le-Coggles, Lincolnshire, John Hartley, M.D., of Beverley, Yorkshire, to Caroline Anne, daughter of Chas. Brereton, Esq.

## DEATHS.

On the 18th of May, at Kharra Factory, Chumparum, Bengal, in consequence of a fall from his horse, Richard A. Lattey, M.R.C.S.E., Assistant Civil Surgeon, aged 26.
On the 1st inst., W. Baker, M.R.C.S.E., of South Norwood, Surrey, aged 79.
On the 1st inst., John Bryant, M.D., of Colebrooke Villa, Finchley, formerly of the Edgware-road, aged 79.
On the 1st inst., John Knox Vade, M.D., of Lower Berkeley-street, Portman-square.
On the 2nd inst., at Grosvenor-terrace, Bray, James Kellett, F.R.C.S.I., aged 61.
On the 5th inst., at East India-road, E., Ida, infant daughter of Dr. H. Stanley Gale.

## BOOKS ETC. RECEIVED.

Dr. W. Fox on the Treatment of Dyspepsia.
Dr. Haughton on Vital Force.
" Threefold Nature of Health and Disease.
Mr. Condy: Propriétés Desinfectantes des Permanganates Alcalins.
Dr. Bigelow on Ununited Fracture.
Dr. Camps on Railway Accidents.
Messrs. Seller and Stephens on Non-nitrogenised Food.
Registrar-General's Monthly Return for Scotland.
The Constellation Seasons. By Mr. R. A. Proctor.
Richmond (Va.) Medical Journal.
&c. &c. &c.

# To Correspondents.

### BATHING.

WE are disposed to think that the evils incident to bathing to which several correspondents have directed our attention are perhaps, on the whole, somewhat exaggerated. In an age when the number of the great unwashed is daily on the decrease, the ratio of clean to healthy skins on the increase, and when the luxury of bathing is more fully appreciated, we fancy that personal experience has been ample enough, and has no doubt done much to correct injudicious practices, and tacitly to dictate a rough code of regulations when and how to indulge in bathing. Still common customs are wont to suffer perversion in theory and distortion in practice, and in the matter of bathing a due recognition may not be given to possible mischief in some cases. It seems desirable, however, to remark that in the case of youths at public schools and other institutions, care ought to be taken that bathing be not practised when the body is overheated, or when digestion is in active progress. The true test of the good results of bathing is the occurrence of a reaction consequent upon the stimulation of the cold applied to the surface. It will be at once apparent that the time of immersion will depend upon the susceptibility of the body to be cooled—in fact, the vigour of the circulation in each particular case. The effect of bathing is to stimulate the cutaneous circulation to activity; and if the circulation is already pre-occupied, as in the act of digestion, the excitation of the surface will lead to derangement of the former. Hence the reason that bathing should be taken when the stomach and other organs are in a quiescent state. To send a lot of youths to bathe immediately after a meal is to expose them to the chance of a serious fit of illness. So again when the body is much over-heated, the cold plunge is likely to drive the blood from the surface, and so lead to internal congestions. Our public schools, we think, are entitled to the credit of selecting a time just antecedent to a meal for bathing; but we are, nevertheless, convinced that weakly subjects are often allowed to remain too long in the water and to "antic" ashore, with the effect of getting chilled; this might be avoided by the use of free friction, careful drying, quick dressing, and a short walk home.

*Mr. Beaver's* communication shall receive the earliest attention.

### REGISTRATION IN DUBLIN.

IN the city and suburbs of Dublin, extending over an area of 9745 acres, and numbering 314,409 inhabitants at the census of 1861, the births registered during the quarter ending June were in the annual ratio of 29, the deaths of 28, to every 1000 of the population. The natural gain to the population by the excess of births over deaths was therefore only in the ratio of 1 per 1000; while in London during the same time the proportionate increase was 17, in Glasgow 16, and in Edinburgh 9 per 1000. Defective registration in Ireland will, of course, account in some measure for these discrepant results, and it is much to be regretted that we have no satisfactory means of determining the value of this disturbing element. The disease which proved most fatal during the quarter was phthisis, which caused 274, or 1 in every 7·9 of the total deaths. Fever was fatal in 93 cases—35 less than in the preceding quarter, and 50 less than in corresponding quarter of last year; 10 of these deaths were certified as "febris nigra," 8 were assigned to "purpura maligna," and 12 to "cerebro-spinal arachnitis." An epidemic of measles proved very fatal, causing 197 deaths, or 1 in every 11 of the total deaths registered; one of the deaths was certified as "rubeola nigra." Scarlatina was fatal in 48 cases, against 17 in the corresponding quarter of last year. There was not one death from small-pox registered during the quarter, and this remarkable and gratifying fact is attributed to the successful working of the Compulsory Vaccination Act. 33·4 per cent. of the deaths registered were of children under 5 years of age, and 3·2 per cent. were of persons who had realised the Psalmist's idea of exceptional strength by attaining to fourscore years.

*Dignus vel Indignus.*—There is a good deal of shrewd sense in "the suggestions for consideration" issued by Mr. Harris, of 54, Broad-street, Golden-square; but the author might certainly have improved his production if he had abided more closely by the rules of Lindley Murray.

*Dr. Leared's* paper shall appear in an early number.

### CHOLERA?

*To the Editor of* THE LANCET.

SIR,—I forward you the accompanying notes, thinking them of sufficient interest for insertion in your journal:—

On the morning of June 27th, about six o'clock, I was sent for to attend H. S——, aged sixty. My assistant, Dr. Davidson, went at once, and on his arrival, a few minutes past six, found him suffering very severely. It would appear that he went to bed the previous evening in good health, and during the night he slept soundly. He got up at four o'clock, intending to go to his work (he is my gardener). Immediately after he was suddenly attacked with a feeling of faintness, and an urgent desire to go to stool. He went to the privy, and he says "it completely ran away" from him. Still feeling very faint, he returned to his bed-room. Soon diarrhœa again came on, and he passed a large quantity of clear watery evacuation. When Dr. Davidson saw him, he found him profoundly collapsed, and tortured by very severe spasms, affecting the lower limbs, the abdomen, the back, and the arms. During the continuance of the spasms, his pulse was imperceptible at the wrist; the features were pinched and collapsed; a dark halo surrounded the orbits; the eyes were sunken, and the conjunctivæ injected; respiration was hurried and shallow; the surface of the body was cold; the skin livid and shrunken; and the breath gave the perception of icy coldness. Up to this time three utensils had been filled with rice-water stools, in which a quantity of white flocculi floated, untinged with bile. The urinary secretion was entirely suppressed. During the absence of the spasms—a space of time varying from ten to fifteen minutes—the patient was inclined to doze. He was ordered a mixture to be taken every hour, containing Battley's sedative solution, dilute sulphuric acid, tincture of capsicum, and camphor mixture; hot bottles were also applied to the feet.

I saw him with Dr. Davidson a little after ten o'clock. He had then just had a violent spasm. The first thing that struck me was the extreme ashy, shrunken, death-like expression of the countenance, though Dr. Davidson thought this was not quite so marked as at his previous visit. The skin was very cold (though he said he felt warm) and shrivelled. He had vomited once not long before, after taking a dose of the mixture, but "did not throw much up." The purging continued, passing away involuntarily—still only rice-water evacuations, with the flocculi floating. The cramps were still very severe, coming on at about the same intervals. He complained much of thirst; the tongue was dry. I did not feel the pulse during an attack of spasm; but in their absence it was about 60, very weak, but regular in volume and rapidity. I gave him half a drachm of bromide of potassium in mint water, this to be repeated every hour; to take ice and small quantities of strong beef-tea; nothing more; and had hot bottles put to the feet, limbs, and body. I saw him again in about two hours (he had taken three doses of the bromide). He was then better; the skin was feeling warm; the expression of the countenance much better; the diarrhœa had almost ceased; and the cramps were not so severe. To continue the treatment. From this time he gradually got better. When seen in the evening there was no diarrhœa, very little cramp, a very nice warmth on skin, and countenance very good.

June 28th.—Much better, but complains of some pain in the abdomen. For this he was ordered a quarter of a grain of morphia. To continue same diet.

29th.—Still improving; but as the bowels are not relieved, to take some confection of senna.

30th.—Only complains of much weakness; bowels were relieved comfortably twice after taking the senna. Ordered good diet, with now a little brandy or sherry.

July 1st.—Is now, with the exception of much weakness, convalescent.

Was this a case of true Asiatic cholera? Both myself and Dr. Davidson, who has seen very many cases, had no hesitation in pronouncing it such. If so, one feature of interest is that this was a solitary case occurring in a very healthy situation in the country; the house (two tenements) being situated on a hill, and no other house near; the water is from a well, through a chalky soil; and the only things which could in any way be supposed to give rise to the attack were an open pit (most offensive), into which animal and vegetable refuse matter had been put, and a tub containing "sour wash" for pigs. Then, was the relief he got after the bromide due to this salt, or only a *post hoc*? I leave others to decide this.

I remain, Sir, yours truly,

Weyhill, Hants, July, 1867. THELWELL PIKE, M.D.

### HYDROPHOBIA.

CASES of hydrophobia have been of late years of so frequent occurrence, and the main symptoms have been so often detailed, that we are apt to conclude that the sad history of another victim would, if related, add but little to our knowledge of its nature; yet it is important in a disease the mastery of which we seem as far off as ever from obtaining, to mark well distinguishing features whenever they present themselves. The case that occurred last week in Liverpool presented such features. A young man, aged seventeen, was bitten in the right wrist by a dog nearly three years ago. The wound was at once cauterised, and soon healed up; but a distinct cicatrix remained. He continued in perfect health until a short time since, when he was struck on the right hand by a ball whilst playing at cricket. He felt shooting pains in the arm. Again a few days after, on June 27th, he was hurt on the back of the right hand by a plank falling upon it whilst he was in the act of removing it from a scaffold. The same evening he could not close his hand, and felt great stiffness in arm and shoulder. For the next two days he continued his work, though suffering much pain in the arm. On the Sunday he was much worse; all the characteristic symptoms of hydrophobia had manifested themselves, and he died on the Thursday morning. Here it would seem that the poison had remained latent in the arm for nearly three years, and that it required an injury setting up increased or morbid action in the vascular and lymphatic system to develop its power. The history of such a case seems to bring us almost within the reach of a truth which we as yet cannot grasp.

*A Constant Subscriber.*—The affection is a very obstinate one indeed, and the insertion of the letter, we fear, would only give rise to very contradictory statements. An appeal to other authorities would be the best plan.

*L. M. D.* is thanked for his communication, and his suggestion shall be attended to.

*Nemo.*—It has not yet been awarded.

*A Leeds Student.*—Advertisements like that to which our attention is directed, headed "Armistead's Mustard," are not uncommon. Mr. Nunneley, we suppose, did not anticipate that a certificate from him would so ostentatiously be made public.

*Mr. Kirk's* letter shall be inserted next week.

*Mr. T. Reid,* (Glasgow.)—We cannot recommend the person named.

### ENGLISH DOCTORS IN FRANCE.

*To the Editor of* THE LANCET.

SIR,—The information contained in your journal of last week from the *Gazette des Hôpitaux* is, I think, apt to mislead any English practitioners who may be thinking that they could easily attain the requisite authority to practise in France. It is quite true that the Emperor can by special decree grant permission, and this the *Gazette des Hôpitaux* need not have told us, for there is very little which the Emperor of the French cannot do by decree. What the *Gazette* ought to have added is, that now the Emperor never exercises that power. There are only two ways by which English medical men can practise legally in France: one is, by passing a severe examination under very vexatious conditions; and the other, by applying to the Minister of Public Instruction, who is supposed then to seek the consent of the Faculty, and afterwards to recommend the name of the applicant to the Emperor. Practically, such an application never goes beyond the Minister of Instruction, who seldom deigns even to acknowledge the letter.

Some twelvemonth ago a friend of mine, wishing to go into the south of France to settle in practice, took the precaution to seek for some information at the French Consulate in Finsbury-circus. There everything was set forth in the most glowing colours. He was told, in fact, that nothing more than an application to the Faculty of Medicine, with an exhibition of his diplomas, &c., which were good, would be required. Upon this he went with his family and *penates*, and on his way to the south stayed at Paris to make all things right. He used every effort, but to no purpose. The Faculty repudiated him, and the Minister never condescended to notice any of his communications. He persevered for some months, but to no purpose, and was at last forced to relinquish his intention.

I may add that having myself resided for some time in France, I can testify to the very great difficulties which are there placed in the way of English practitioners, as well as to the prejudices, especially in Paris, that are entertained towards them. Frenchmen are very glad to receive English visitors who go there to spend money; but they have a violent dislike to foreigners, who, going to get their living in France, are regarded as intruders upon the sacred rights of the natives. The liberal and cosmopolitan sentiments that prevail in England and America are not known across the Channel.

Yours faithfully,

July, 1867. B.A., M.R.C.S.

*** We gladly insert our correspondent's letter, as it is important that such facts should be known. It must, however, be borne in mind that a great many Englishmen are at the present time practising in France. In the Medical Directory we find Messrs. Battersby residing at Cannes; Beadle, Bordeaux; Blest, Nice; Callaway, Algiers; Cookesley, Boulogne; Crosby, Nice; Dickinson, Hyères; Gurney, Nice; Munro, Boulogne; Oliffe, Paris; Stewart, Pau; Thomson, Nice, and the half dozen, besides Sir Joseph Olliffe, who are practising at Paris. No doubt some of these, like the last-named, may be in possession of French degrees; but it is probable that among the British subjects practising in France, of whom we have mentioned a few, some have obtained the authorisation referred to by the *Gazette des Hôpitaux*.

*G. J. G.*—Under the 29th section of the Medical Act, the Council have the power to remove the name of a registered person from the Register who shall, after due inquiry, be judged by the Medical Council to have been guilty of infamous conduct in any professional respect.

*Dr. J. Christie.*—The certificate, under the circumstances, should have been received; but if the Coroner erred, at all events it was on the right side.

*Ignoramus.*—1. The duties will be chiefly confined to the inspection of children who have been vaccinated properly or improperly, and to report thereon.—2. It has not yet been settled.—3. Appointments will most likely rest in the hands of the Privy Council.

*A. L. M.* will have noticed that the subject to which the letter he so kindly sent us refers has received our careful attention, and its importance will not be forgotten in the future.

*Dr. Glover's* article is in type, and shall appear next week.

### ON THE SEWING MACHINE AND PREVALENT DISEASES IN LARGE MANUFACTURING TOWNS.

*To the Editor of* THE LANCET.

SIR,—In an article on the "Sewing Machine" that has just appeared in *Good Words*—a useful and widely circulated magazine,—the advantages of this machine are much dwelt upon, and its introduction is justly described as a great boon to the thousands of poor needlewomen employed in shirt-making, shoe, boot, and cap making, as well as garments of every description, especially those sold by the wholesale clothiers and outfitters. The writer of the article truly adds that there is a dark side to every picture, and that the letting out of a number of machines to a class of "middlemen" is attended with abuse, in the employment of women at reduced wages, who are thus robbed of the advantages of the invention.

All medical men practising in large manufacturing towns are too familiar with the physical evils arising from the close confinement and too constant work of girls and young women in mills and workshops; and advantageous, doubtless, as the introduction of the sewing machine has proved on the whole by diminishing female labour, still its use is not unattended with evil and injury to the health. The medical journals have already published cases elucidating the evils of the sewing machine, and with this view I call attention to the subject, in order to caution the public not to be carried away with the idea that its general use is an unalloyed good! Unfortunately the majority of young women in large towns cannot be persuaded to consider domestic service *preferable* to employment in workshops: hence the scarcity of female servants, and the rise in their wages; but the latter kind of work is too often dearly paid for in loss of health, deformity, disease, and premature death, as painfully shown by our heavy bills of mortality, and in the growing prevalence of consumption. To relieve the poor shirt-maker from the incessant stitch, stitch of the needle, and to lessen the toil of the dress-maker by the use of the sewing machine, is doubtless a vast boon. But cases are not unfrequent in which young females cannot undertake for any length of time the working of the machine; they find the constant exercise of the feet upon the treddle most fatiguing; and I call in question the statement of the writer in *Good Words*, that the use of the machine "emancipates the sempstress from the fatiguing position and the contracted chest that oppressed her of old." I have heard from workers of the machine that their limbs soon begin to ache and become weary, and the constant concentration of the eye and attention to the stitch when the work is continuous is felt to be as fatiguing as the ordinary use of the needle; hence numbers of young women have tried to give up the employment, and seek other kinds of work. The use of the machine by the blind, referred to in the article in *Good Words* as carried out at the Home Teaching Society of the Blind in New Oxford-street, may certainly prove a blessing, as there are 30,000 blind in the kingdom; but it should be worked under proper regulations, and not carried on for too long a time at once. This invention, like too many others, useful and beneficial in themselves, is liable to abuse, and the greedy employer of labour reaps the benefit. We should like to see the worker obtain something like a just proportion.

My experience at the Women and Children's Hospital here during the last fourteen years, and as examiner of recruits for about the same period, and the observations I have been able to make during the thirty years and upwards that I have been in practice, confirm the statements made by the late Mr. Thackray, of this town, as to the unhealthy nature of many of the employments carried on in our large towns. A great number of workers at the sewing machine have told me they do *not* enjoy good health. The employment of such a vast number of growing girls and young women in the various kinds of sewing shops and warehouses—for the rattle of the machine is to be heard in every quarter of the town,—is, I am confident, injurious to health, and even more so than walking backwards and forwards in a well-regulated, airy mill, watching the loom, or joining detached threads ("piecemers"), and other kinds of work, in which more general play of the muscles is exercised. It is the constrained position and stooping forwards, working in close, confined rooms, and breathing vitiated air that do the mischief, and send to our public charities thousands of patients, who, under ordinary circumstances, and leading a less confined life, like that of a servant in a respectable family, would not require medical aid. We all admit it is desirable to widen the range and open out new employments for single women; but I question whether the use of the sewing machine for eight, ten, and twelve hours a day is one of the most desirable modes. The machine may be worked for several hours a day without harm; but intervals of repose and change of position and employment are essential if the health is to be preserved; for when this is lost, all work or any work becomes a task or an impossibility. The picture drawn in *Good Words* is too bright and somewhat over-coloured; it requires judicious shading, and cannot pass for a correct representation. I have seen very few "of the merry bright-cheeked girls" therein referred to; but I have seen a number of pale, sickly, delicate-looking girls, being at work from morning till night, who find themselves at the end of the day jaded and exhausted, not having sufficient strength or energy left even to enable them to enjoy a walk in the fresh air.

At last sanitary science is taking some hold on the public mind; and thanks to the unpaid and disinterested labours of sanitary reformers, the nature and cause of the diseases prevailing amongst us, and the undue mortality attending these evils in all our large towns, are now known, and can to a certain extent be removed. THE LANCET has nobly done its duty in elucidating questions of public hygiene, and in publishing facts of the greatest sanitary importance to the community at large; enlightened men have stimulated opinion; the medical profession has proved the most prompt advocates in its behalf; local authorities are at last beginning to find out that preventable diseases are more expensive to treat than to remove; and lastly, the Legislature has been forced from sheer necessity to step in from time to time, and attempt to lessen, if not remove, the gigantic evils that are sure to spring up where masses of the people are employed in mechanical labour, and the extension of the working of the Factory Act in a modified form has become essential for the protection of the community.

I am, Sir, your obedient servant,

Leeds, July, 1867. J. INGHAM IKIN, F.R.C.S.

JEWISH LONGEVITY.

*Dr. Stallard*, in his very graphic and thoughtful sketches of phases of London Pauperism, quotes various authorities in proof of the position that the sobriety and the alimentary prohibitions of the Jews combine to secure for them greater length of life and freedom from disease than are common to Christians. M. Legoyt has shown that Jews have fewer children, fewer still-born, and fewer deaths amongst those they rear than other people. M. Mayer reckons the average duration of life at 26 years amongst the Christians at Farth, and 37 amongst the Israelites—a difference of 11 years, which is gained during the first years of childhood. From one year to five years of age the Jews lose only 10 per cent., while the Christians lose 14 per cent. At Frankfort, Dr. Neufville gives the average duration of life to be nearly 37 years amongst Christians, and nearly 40 years amongst Jews. During the first five years of life the deaths of Christian children are 341, and of Jews 129. Beyond 60 years of age only a quarter of a Christian population will be found alive; but a quarter of an equal Jewish population exceeds 71 years. The Jews, in fact, increase less by propagation than by the preservation of life.

*Manhattan.*—1. Professor Draper still retains his post.—2. The advertisement did not appear in THE LANCET.—3. Communications were made to the American Minister on the subject, but nothing definite was arranged.

*Mr. Campbell's* case will appear shortly.

DR. O'SULLIVAN AND THE LIMERICK BOARD OF GUARDIANS.

THIS dispute still remains unsettled, the legality of the dismissal of Dr. O'Sullivan being questioned by that gentleman. At the last meeting of the Board the subject of the payment of Dr. O'Sullivan was discussed.

*P. E. R.* could obtain the information from the returning officer.

OPIUM IN WORKHOUSES.

*To the Editor of* THE LANCET.

SIR,—I shall feel obliged if you will allow me a small space in the pages of your journal in order to correct the errors into which you seem to have fallen with regard to the quantity of opium used throughout this establishment. Although 3 lbs. of opium appeared in the dispenser's list of requirements for the week ending June 24th, it would be highly absurd to conclude that on that account the whole of it would be consumed during the week, or that a similar order would appear in the next week's list. As to the actual quantity of the drug used, it might be as well to state that the last order for opium (previous to that of June 24th) appeared on the 4th of March, 1867, when 6 lbs. were supplied. I think you will agree with me that this shows no great extravagance when I mention that all pharmacopœial preparations are made on the premises, and that the average number of inmates in the workhouse is about 2000, nearly half of whom are under medical treatment; of these, there is an average number of 280 acute cases in the infirmary, 120 cases in the insane wards, including many suffering from delirium tremens, and there are also between 700 and 800 in the infirm wards, consisting chiefly of bedridden and chronic cases, many of an exceedingly painful nature.

With regard to another clause in your statement, that opium is used "not for pharmaceutical preparations merely, but for administration in the form of pills to get the poor old people to sleep," I can only say that you have been misinformed, as none but pharmaceutical preparations of opium are used, and those only when considered essential by the medical officers.

Trusting that my wish to explain so important a matter will plead as my excuse for troubling you with this communication,

I remain, Sir, yours very truly,

W. FORD BENNET,

Senior Surgeon of St. Pancras Workhouse and Infirmary.

St. Pancras Infirmary, July 10th, 1867.

*A Student.*—1. Five guineas, which will be allowed in the fee on his admission as member.—2. The system varies at different hospitals.—3. At the commencement of last session.—4. Not yet announced.

*Rustic.*—The M.D. degree of Erlangen is not recognised by the General Medical Council of Education and Registration.

*Debitum.*—He will have to register at the College and Hall also.

DISTRESSING CASE OF A SURGEON.

(*Vide* THE LANCET *of April 27th*, 1867.)

| | £ | s. | d. |
|---|---|---|---|
| Amount of subscriptions already announced ... | 254 | 18 | 6 |
| THE following additional sums have been received:— | | | |
| Per Dr. C. J. B. Williams: | | | |
| Dr. Savage, Baker-street ... ... ... ... ... | 21 | 1 | 0 |
| Per Dr. Hare: | | | |
| Dr. Oppert, Great Russell-street ... ... ... ... | 1 | 1 | 0 |
| Joseph T. Mitchell, Esq., F.R.C.S., Percy-place, Clapham-road ... ... ... ... ... ... | 1 | 1 | 0 |
| M.D., F.R.C.S. (Hum.) ... ... ... ... ... | 0 | 5 | 0 |
| Per Rev. W. B. Mackenzie, M.A.: | | | |
| Dr. Symonds, Clifton ... ... ... ... ... ... | 1 | 1 | 0 |
| Dr. Letheby, Somers-place, Regent's-park ... | 0 | 10 | 6 |

*Pro Bono Publico.*—He cannot charge the Board of Guardians for vaccinating his private patients.

THE *Pall Mall Gazette*, in an article on "Sanitary Officers," observes "that the appointment and pay of health officers ought to be placed on a more satisfactory footing, and that nuisance inspection, as at present carried out, is in a majority of cases absurdly disproportionate to the results which ought to follow from its efficient operation; and the common practice of making the inspectors independent of the medical officers of health seems only calculated to prevent that co-operation between them which is so essential to successful sanitation."

*R. H. B.* is thanked for his communication. Similar ones will always be appreciated.

ERRATUM.—In the letter on "The Evil Effects of Wet-Nursing" at page 30 in our last number, for "the mother's nursing," read "the mother's *suckling*."

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Hancock; Dr. Henry Bennet; Mr. Bryant; Dr. Anstie; Dr. Tanner; Dr. Williams; Mr. Spencer Watson; Dr. Leared; Mr. Thomas Smith; Dr. Eben. Watson, Glasgow; Mr. Reid; Mr. H. de la Hooke; Dr. Clark; Dr. Fryer, Southport; Mr. Hunter; Mr. Lewis; Dr. Glen, Iver; Dr. Haughton; Mr. Saunders; Dr. Jamieson, Berwick; Mr. Dyce; Dr. Domett Stone; Mr. Walker, Milan; Mr. Warwick; Mr. Heald, Poole; Mr. Evans, Londonderry; Rev. J. Smith; Mr. Parkin, Worcester; Mr. Manning; Mr. Wilkin; Mr. O'Connor, Cork; Dr. Robertson; Mr. Johnstone, Ludlow; Mr. Elkin, Taunton; Dr. Pearson; Mr. Hammerton, Litchfield; Mr. Timbs, Worthing; Mr. King, Harrogate; Dr. Letheby; Mr. Maynard; Mr. Hutchinson; Mr. Harben; Dr. Warden; Mr. Woode, Wrexham; Dr. Freeman; Mr. J. Johnson, Thirsk; Dr. Bottle; Dr. Cullinan, Ennis; Dr. Tobin, Rainford; Mr. Sutton, Odiham; Mr. Higgs; Mr. Casson, Alfreton; Mr. W. Ford Bennet; Mr. Hunt; Mr. Kingston; Mr. Deane, Chester; Mr. Crofts, Brighton; Mr. Forbes, Aberdare; Mr. Corner, Thirsk; Rev. T. White, Sheffield; Mr. Paine; Mr. Parkin, Truro; Dr. Anderson, Dundee; Mr. Lownds; Dr. Wyer; Dr. Hutcheson, Glasgow; Mr. White, Maidstone; Mr. Carlyle; Mr. Collins; Dr. Christie, Newport; Dr. Camps; Mr. R. Johnson; Dr. Gaylor, Belper; Mr. Calling, Morpeth; Mr. Hopgood; Mr. Church, Bury; Dr. Wektie, Bradford; Mr. Carter, Cork; Dr. Moore; Mr. Rivington; Mr. Gant; Dr. MacCormack, Southampton; Dr. Hewan; Mr. Williams, Horndean; Mr. Mackay; Mr. Molecey, Canterbury; Mr. Lawson; Dr. Baird, Franche; Mr. Packard; Dr. Macpherson; Mr. Taylor, Newcastle; Mr. Morison, Swinton; Mr. Gale; Dr. Gourley, West Hartlepool; Mr. Cargenven; Mr. Gomm; Mr. Beaver, Manchester; Dr. Ives; Dr. Gibson, Norwich; Dr. Beverley, Norwich; Dr. Lyddon, Dublin; Mr. Winstanley, Wigan; Dr. Purves, Edinburgh; Mr. Lloyd; Dr. Roden; Mr. Beech; Mr. Wilson, Aberdare; Mr. Jennings, Coleford; Mr. Brockwell; Mr. Feltham; M. Deharme, Paris; Mr. Carter, Bristol; Mr. Porteous; Mr. Rych; Dr. Hamilton; Mr. Hawkes; Mr. Ollerhead, Glasgow; Mr. Chesshire, Birmingham; Dr. S.; M.D., Bristol; C. M.; X.; Rustic; The President of the College of Physicians; R. K., Furding Bridge; Kappa; T. F.; Pro Bono Publico; A Constant Subscriber; M. A. B.; M.D.; The Naval Medical Supplemental Fund; An Assistant-Surgeon, India; R. H. B.; R.A., M.R.C.S.; The Secretary of the Faculty of Physicians and Surgeons of Glasgow; Rusticus, F.R.C.S.; Medicus; L. M. D.; Ignoramus; J. H. S.; L.R.C.P.; C. L.; A Ten Years' Subscriber; Delta; Admonition; G. J. G.; Nemo; W. B.; W. A. D.; D. W.; L. M.; A Leeds Student; Dignus vel Indignus; E. H. D.; A Brother M.D.; &c. &c.

THE *Army and Navy Gazette*, the *Midland Counties Herald*, the *Chronicle*, the *Lincoln Mercury*, the *Limerick Chronicle*, the *Gateshead Observer*, the *Bombay Gazette*, the *Burton Herald*, the *Supplement to the Norwich Mercury*, and *L'Imparziale* have been received.

# Medical Diary of the Week.

## Monday, July 15.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

## Tuesday, July 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

## Wednesday, July 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

## Thursday, July 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

## Friday, July 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

## Saturday, July 20.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.